S. HRG. 100-925

ALCOHOL WARNING LABELS

HEARING

BEFORE THE

SUBCOMMITTEE ON THE CONSUMER

OF THE

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

SECOND SESSION

ON

S. 2047

TO REQUIRE A HEALTH WARNING ON THE LABELS OF ALL ALCOHOLIC BEVERAGE CONTAINERS

AUGUST 10, 1988

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Committee on Commerce, Science, and Transportation

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CONTENTS

	Page
Opening statement by Senator Gore	1
Opening statement by the Chairman	17
Opening statement by Senator Danforth	18
Opening statement by Senator Ford	18
Text of S. 2047	4

LIST OF WITNESSES

Aiken, Doris, president, Remove Intoxicated Drivers	138
Bissell, Dr. Leclair	67
Prepared statement	70
Blume, Dr. Sheila B., medical director, alcoholism, chemical dependency, and compulsive gambling programs, South Oaks Hospital	63
Conyers, Hon. John, Jr., U.S. Representative from Michigan	12
Prepared statement	13
Drake, William T., Deputy Director, Bureau of Alcohol, Tobacco, and Firearms, Deparment of the Treasury	27
Questions of Senator Gore and the answers	29
Fege, Arnold, director, governmental relations, National PTA	120
Prepared statement	122
Questions of Senator Gore and the answers	125
Gordis, Dr. Enoch, Director, National Institute on Alcohol Abuse and Alcoholism	21
Prepared statement	24
Hewlett, Augustus H., president, Alcohol Policy Council, Inc	127
Questions of Senator Gore and the answers	131
Jones, Dr. Kenneth L., American Academy of Pediatrics	54
Prepared statement	57
Lloyd, Robert C., Ph.D., vice chair, American Concil on Alcoholism, Inc	94
Prepared statement	97
Questions of Senator Gore and the answers	105
Lubinski, Christine, on behalf of the Coalition for Health and Safety Warnings on Alcoholic Beverages	76
Prepared statement	78
Questions of Senator Gore and the answers	83
McCord, William J., director, South Carolina Commission on Alcohol and Drug Abuse	32
Prepared statement	35
Questions of Senator Gore and the answers	39
Morris, Dr. John A. Jr., director, division of trauma, Vanderbilt University Medical Center	59
Prepared statement	61
Questions of Senator Gore and the answers	63
Sussal, Jennifer	110
Taylor, Walter, president, Bully Hill Vineyards, Inc	133
Questions of Senator Gore and the answers	136
Thurmond, Hon. Strom, U.S. Senator from South Carolina	15
Viscusi, Prof. W. Kip, department of economics, Duke University	84
Prepared statement	86
Questions of Senator Gore and the answers	91

ADDITIONAL ARTICLES, LETTERS, AND STATEMENTS

Anheuser-Busch, Inc., statement 162
Beer Institute, statement 165
Braidfoot, Larry, general counsel, christian life commission, Southern Baptist Convention, statement 156
Church of Jesus Christ of Latter-Day Saints, statement 158
Council on Alcohol Policy of the National Association for Public Health Policy, statement 158
Douglas, J. Scott, director, Committee for Children, letter 170
Engs, Dr. Ruth C., RN, Ed. D., associate professor, department of applied science, Indiana University 151
Mothers Against Drunk Driving, statement 151
Pittman, David J., Ph.D, professor of sociology, Washington University, St. Louis, Mo., statement 159
Rumbaugh, Ronald R., president, National Beer Wholesalers' Assn., statement 156
Schribanu, Dr. Nina, director, center of genetic counseling and birth defects evaluation and Phyllis R. Magrab, PhD., director, child development center, chief pediatric psychologist, Georgetown University Hospital, letter 169
Taylor, Patricia, director, alcohol policies project, Center for Science in the Public Interest, letter 171

ALCOHOL WARNING LABELS

WEDNESDAY, AUGUST 10, 1988

U.S. SENATE,
SUBCOMMITTEE ON THE CONSUMER,
COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:43 a.m., in room SR-253, Russell Senate Office Building, Hon. Albert Gore, Jr. (chairman of the subcommittee), presiding.

Staff members assigned to this hearing: Kevin Curtin and Linda Lance, staff counsels; and Chuck Harwood, minority staff counsel.

OPENING STATEMENT BY SENATOR GORE

Senator GORE. The subcommittee will come to order.

We would like to welcome all of our guests and our witnesses.

We are getting started a little bit late, of course, because the Senate had a vote right at the time the hearing was scheduled to begin.

Senator Thurmond, who was to be our first witness, is presently voting, so we are going to begin with Congressman John Conyers, my longtime friend and former colleague in the House.

I have an opening statement, and then we will go right to our witnesses.

We are going to be asking everybody to be kind of short today because we have a very long witness list and a very thorough agenda.

This hearing is focused on S. 2047, legislation to require health warning labels on containers of alcoholic beverages.

Abuse of alcohol and drugs exacts a terrible toll in our society, resulting in personal and professional tragedies. According to the National Institute on Alcohol Abuse and Alcoholism, alcoholism is America's number one drug problem, far and away.

Millions of Americans are severely affected by alcohol abuse and the effects on family life and the physical and mental conditions of individuals are devastating. Family violence, suicides, depression and alienation are just some of the manifestations of alcohol problems, and, of course, they are all around us.

But it is not only in America's homes that we see alcohol's negative effects.

In 1983, alcoholism was estimated to cost the United States almost $120 billion, of which $71 billion was due to lost employment and reduced productivity. No society can remain competitive when its people are unable to perform their tasks in a competent, professional manner.

On the national level, Congress is considering legislation to confront substance abuse in our Nation. Just last week, this Subcommittee conducted a hearing on legislation to provide incentive grants to encourage States to take stronger action against those who drive automobiles while under the influence of alcohol, and there are more bills being developed regarding the abuse of other substances.

Of particular concern to me is the devastating effect that substance abuse has on our Nation's young people because it robs them and us of the unlimited contribution they can make to the future.

The sponsors of the legislation we will consider today believe that warning labels on alcoholic beverages should be part of a large educational effort to reduce these negative effects.

I have strongly supported product labels to identify both the content of products, as well as particular hazards associated with their use. I was deeply involved in an effort with regard to the labelling of cigarettes.

Labels are a proven, effective means for consumers to become informed about a product and any unique characteristics associated with that product. Consumers can then make more intelligent decisions about whether to use or not to use the product in question, or how to use it safely.

Today, we will explore whether the labels proposed in S. 2047 would constitute wise policy.

I must say that, given the overwhelming evidence which has been amassed regarding fetal alcohol syndrome and drunk driving, I began this hearing with a presumption in favor of conveying that information to the American public. There are those who will say everybody knows this information, so why bother. Yet, we will hear today that everyone does not know these facts.

A warning in a visible spot on a bottle or can, pointing out the dangers of alcohol during pregnancy, for example, may be the most regular and important, if not the only, information about fetal alcohol syndrome that some women receive, especially those women who are outside our health care system, and there are many of them.

Time and again, we hear industry state its support for educational efforts to deter the abuse of alcohol. Yet, they have chosen not to testify at this hearing, and I wonder why.

We invited all of the responsible spokesmen for the alcohol beverage industry to come and testify here today. It is an issue important to them. This bill is not a new one. It has been around for a while. It is a major hearing on the controversy. But they have chosen to duck this hearing. They have chosen not to be present, or at least not at the witness table, though I am sure they have a lot of people here. But they have chosen not to participate in the hearing, and I think that is wrong. I think it is the wrong approach.

There has been an effort in the industry—I am told the word is out on the street—that there have been discussions about possibly coming up with some kind of compromise. Well, if they want some kind of compromise, the time is now to come forward and begin serious discussions about it.

If they want this legislation, then the thing for them to do is just to keep ducking and dodging and trying to avoid any public discussion of this.

I call on the industry today to demonstrate a commitment to the public interest and join with those in the medical community, the Congress, the scientific community and the public in general, who are interested in making sure that people know the effects of what they are consuming.

Well, it may well be that the specific labels in this bill are not the correct ones, or perhaps they are not precisely enough written. We will hear both sides of that today. That is the point of this hearing.

[The bill follows:]

II

100TH CONGRESS
2D SESSION

S. 2047

To require a health warning on the labels of all alcoholic beverage containers.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 4 (legislative day, FEBRUARY 2), 1988

Mr. THURMOND (for himself, Mr. METZENBAUM, Mr. HARKIN, and Mr. EVANS) introduced the following bill; which was read twice and referred to the Committee on Commerce, Science, and Transportation

---

A BILL

To require a health warning on the labels of all alcoholic beverage containers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) Congress finds that—

(1) the most abused drug in America is alcohol;

(2) alcohol use costs the American economy nearly $120,000,000,000 per year, including increased medical expenses and decreased productivity;

(3) alcohol related traffic accidents claim over 18,000 lives each year in the United States;

(4) over 12,000,000 American adults have one or more symptoms of alcoholism, representing an 8.2 percent increase in problem drinking since 1980;

(5) since 1981, the Surgeon General has officially advised women to abstain from drinking during pregnancy, and despite this warning, fetal alcohol syndrome is the third leading cause of birth defects with accompanying mental retardation;

(6) fetal alcohol syndrome is the only preventable birth defect among the top three types of birth defects in the United States, nevertheless, recent surveys reveal that only 57 percent of Americans have heard of fetal alcohol syndrome;

(7) nearly one-half of all accidental deaths, suicides, and homicides are alcohol related, and nearly half of the convicted jail inmates were under the influence of alcohol when they committed the crime;

(8) among teenagers, alcohol abuse has reached epidemic proportions and an estimated 30 percent or 4,600,000 adolescents experience the negative consequences of alcohol use (such as poor school performance, trouble with parents, or trouble with the law);

(9) in 1986, alcohol remained the most widely used drug among American youth;

(10) the Public Health Service has recently completed a study on the potential educational effects of health warning labels on alcoholic beverages and concluded that such labels can be effective in increasing consumer knowledge and can have an impact on consumer behavior, particularly in combination with other educational initiatives;

(11) the statistics cited in the preceding paragraphs indicate that many Americans are not aware of the adverse effects that the consumption of alcoholic beverages may have on health;

(12) it is necessary to undertake a serious national effort to educate the American people concerning the serious consequences of the consumption of alcoholic beverages; and

(13) warning labels on the containers of alcoholic beverages concerning the effects on the health of individuals resulting from the consumption of such beverages would assist in providing such education.

(b) Title V of the Public Health Service Act is amended by adding at the end thereof the following new part:

"PART D—PUBLIC AWARENESS CONCERNING THE HEALTH EFFECTS OF ALCOHOLIC BEVERAGE CONSUMPTION

"SEC. 550. PUBLIC AWARENESS.

"(a) DEFINITIONS.—For purposes of this section—

"(1) ALCOHOLIC BEVERAGE.—The term 'alcoholic beverage' includes distilled spirits, wine, any drink in liquid form containing wine to which is added concentrated juice or flavoring material and intended for human consumption, and malt beverages.

"(2) COMMERCE.—The term 'commerce' has the same meaning as in section 3(2) of the Federal Cigarette Labeling and Advertising Act.

"(3) CONTAINER.—The term 'container' means any container, irrespective of the material from which made, used in the sale of any alcoholic beverage.

"(4) DISTILLED SPIRITS.—The term 'distilled spirits' means any ethyl alcohol, hydrated oxide of ethyl, spirits of wine, whiskey, rum, brandy, gin, and other distilled spirits, including all dilutions and mixtures thereof, for nonindustrial use.

"(5) MALT BEVERAGE.—The term 'malt beverage' means a beverage made by the alcoholic fermentation of an infusion or decoction, or combination of both, in potable brewing water, of malted barley with hops, or their parts, or their products, and with or without

other malted cereals, and with or without the addition of unmalted or prepared cereals, other carbohydrates or products prepared therefrom, and with or without the addition of carbon dioxide, and with or without other wholesome products suitable for human food consumption.

"(6) PERSON.—The term 'person' has the same meaning as in section 3(5) of such Act.

"(7) SALE AND DISTRIBUTION.—The terms 'sale' and 'distribution' include sampling or any other distribution not for sale.

"(8) UNITED STATES.—The term 'United States' has the same meaning as in section 3(3) of such Act.

"(9) WINE.—The term 'wine' has the same meaning as in section 17(a)(6) of the Federal Alcohol Administration Act (27 U.S.C. 211(a)(6)).

"(b) GENERAL RULE.—It shall be unlawful for any person to manufacture, import, distribute, sell, ship, package or deliver for sale, distribution, or shipment, or otherwise introduce in commerce, in the United States, any alcoholic beverage during a calendar year unless the container of such beverage has a label bearing one of the following statements:

"(1) 'WARNING: THE SURGEON GENERAL HAS DETERMINED THAT THE CONSUMPTION OF THIS PRODUCT, WHICH CONTAINS ALCO-

HOL, DURING PREGNANCY CAN CAUSE MENTAL RETARDATION AND OTHER BIRTH DEFECTS.

"(2) 'WARNING: DRINKING THIS PRODUCT, WHICH CONTAINS ALCOHOL, IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY.

"(3) 'WARNING: THIS PRODUCT CONTAINS ALCOHOL AND IS PARTICULARLY HAZARDOUS IN COMBINATION WITH SOME DRUGS.

"(4) 'WARNING: THE CONSUMPTION OF THIS PRODUCT, WHICH CONTAINS ALCOHOL, CAN INCREASE THE RISK OF DEVELOPING HYPERTENSION, LIVER DISEASE, AND CANCER.

"(5) 'WARNING: ALCOHOL IS A DRUG AND MAY BE ADDICTIVE.'.

"(c) LOCATION OF LABEL.—The label required by subsection (a) shall be located in a conspicuous and prominent place on the container of a beverage to which such subsection applies. The statement required by such subsection shall appear in conspicuous and legible type in contrast by typography, layout, or color with other printed matter on such container.

"(d) REQUIREMENTS.—Each statement required by subsection (a) shall—

"(1) be randomly displayed by a manufacturer, packager, or importer of an alcoholic beverage in each calendar year in as equal a number of times as is possible on each brand of the beverage; and

"(2) be randomly distributed in all parts of the United States in which such brand is marketed.

"(e) BUREAU OF ALCOHOL, TOBACCO AND FIREARMS.—The Bureau of Alcohol, Tobacco and Firearms shall—

"(1) have the power to—

"(A) ensure the enforcement of the provisions of this section; and

"(B) issue regulations to carry out this section; and

"(2) consult and coordinate the health awareness efforts of the labeling requirements of this section with the Secretary of Health and Human Services.

"(f) VIOLATIONS.—Any person who violates the provisions of this section shall be guilty of a misdemeanor and shall on conviction thereof be subject to a fine of not more than $10,000.

"(g) JURISDICTION.—The several district courts of the United States are invested with jurisdiction, for cause shown,

to prevent and restrain violations of this section upon the application of the Attorney General of the United States acting through the several United States attorneys in their several districts.

"(h) EXEMPTIONS.—Alcoholic beverages manufactured, imported, distributed, sold, shipped, packaged, or delivered for export from the United States, or for delivery to a vessel or aircraft, as supplies, for consumption beyond the jurisdiction of the internal revenue laws of the United States shall be exempt from the requirements of this section, but such exemptions shall not apply to alcoholic beverages manufactured, imported, distributed, sold, shipped, or packaged or delivered for sale. distribution, or shipment to members or units of the Armed Forces of the United States located outside of the United States.

"(i) LIABILITY.—Nothing in this section shall be construed to relieve any person from any liability under Federal or State law to any other person.".

(c) The amendment made by this Act shall become effective 6 months after the date of its enactment.

Senator GORE. We will receive testimony from the sponsors of this legislation, from representatives of government agencies, medical authorities, and others, including those who work in public interest activities.

I said that we were going to start with John Conyers, but the principal Senator sponsor, Senator Strom Thurmond, has arrived.

With your indulgence, Congressman Conyers, we will shift gears again.

I would like to introduce my esteemed and distinguished colleague, who has been pursuing this issue for quite a long time. We invite you to proceed, Senator Thurmond.

Senator THURMOND. Mr. Chairman, Congressman Conyers is here. He and I both have Judiciary Committee meetings at 10:00, but I am going to yield to him out of courtesy to him.

STATEMENT OF HON. JOHN CONYERS, JR., U.S. REPRESENTATIVE FROM THE FIRST DISTRICT OF MICHIGAN

Mr. CONYERS. I thank you very much.

I think, Senator Thurmond, that this is the kind of cooperation where, if we can sweep everybody between my position and your position together on this legislation, we have a winner for sure.

I am very pleased and proud to join you in the sponsorship of this legislation in the House.

It is very good to see you again, too, my former colleague, Chairman Gore. I want to congratulate you on your past activity this year. You have made us all proud in the House of Representatives and across the country.

Now, the subject matter here was one that came to me as something that I initially thought was unique. And then it turned out that Senator Thurmond had been introducing this legislation for more years than I care to recall. He has been on the case for quite a long time.

The very first, and I think most important, point I would like to make in the few minutes that I have before you is that labels work. I don't care what anybody says about their ineffectiveness, their oversimplicity, or the fact that they don't explain enough. I say that that is a bunch of baloney.

We have to really face up to the seriousness and importance of this issue. Alcohol, as we all know, is a drug, and the damage that it is costing us every year is continuing to mount.

I think that this very simplistic labelling approach is the first important indication that we are really ready to do something about it.

From one end of this country to the other, even in the White House, there is now new movement toward accepting the ultimate reality of the fact that Americans do not know about the damages of alcohol. Two billion dollars or more are being spent annually glamorizing it.

All we are asking for is a little offsetting balance. All we want to do is tell the story about the health consequences, and we want to do it in a very simple and effective way.

The fact of the matter is that the evidence shows that most Americans are largely unknowledgeable about the risks of alcohol

and addiction that is connected with it. The evidence shows that warning labels are the quickest, cheapest, and probably the most effective means of imparting the necessary knowledge.

In a health interview survey in 1985, only 57 percent of the people under 45 years of age had ever heard of fetal alcohol syndrome, which you mentioned, Mr. Chairman.

The traffic related deaths are up nearly each year, and surveys show that school-aged youngsters are largely uninformed about the many hazards of alcohol when it is abused; and that most of them don't even know that alcohol is a drug.

Four and a half million youngsters each year, before they graduate from high school, experience some serious problems with alcohol abuse.

Now, we have the proof from studies that warning labels on products, such as cigarettes and aspirin have been effective in educating the public about risks, and in creating serious modifications of habits. Per capita consumption of smoking in this country has started to decline back since the early 1970s, just after warning labels were put on cigarette contains. This year, we have declared our resolve in the war against drugs, and we surely can elevate our public education efforts for the most costly of them, alcohol.

And so, I come to you as one who is absolutely convinced that we have a big problem on our hands.

Just let me close on the question of what this means to black Americans, because that part of our citizenry, Mr. Chairman, are regular and disproportionate targets of the alcohol manufacturer.

The alcohol problems are particularly serious in the communities of black Americans from one end of this country to the other, North and South.

Despite an overall lower rate of drinking in the black community, the diseases that are the consequences of drinking are more severe. Cirrhosis mortality is twice as common among black men as it is among white men. In some urban areas, the rate shoots up to 12 times higher than for white males.

The rate of cancer of the esophagus, strongly related to alcohol consumption among black males, is a staggering ten times that of their white counterparts.

The list goes on and on.

Medically, morally, the time has come. I am proud to join Senator Thurmond, who has been working on this for years before I came to it, in what I thought was a new and timely idea. But we are a team, now, that is going to move this thing along. I think that most Americans are ready to accept the most effective, simple method that we can think of: to put rotating labels on all alcoholic beverages.

Thank you very much.

[The statement follows:]

STATEMENT OF HON. JOHN CONYERS, JR., U.S. REPRESENTATIVE FROM MICHIGAN

Mr. Chairman, members of the subcommittee, thank you for holding hearings today on legislation which Senator Strom Thurmond and I have introduced to require warning labels on alcoholic beverage containers.

Alcohol is a drug. The sooner we accept this reality, the better we can develop and implement strategies, such as requiring health and safety warnings on all alcoholic beverage containers, and preventing and treating alcohol problems. This year,

we have committed ourselves to fight drugs, but we are ignoring probably the most costly drug of all in economic and human health terms.

Alcohol-related problems are life threatening and pervasive. They afflict individuals from all races, socioeconomic and educational backgrounds, and religious and political persuasions.

Over 100,000 Americans die each year from alcohol-related deaths. Over 25,000 deaths occur on highways. Thousands of children will be born yearly with the only preventable form of birth defects because of alcohol abuse. 18 million families are destroyed each year because a member became addicted. Cancers, cirrohisis, hypertension, liver disease also number in the tens of thousands due to abuse. The economic costs alone are over $100 billion each year.

For blacks Americans, who are the regular and disproportionate targets of alcohol manufactures, alcohol problems are especially serious. Despite an overall lower rate of drinking in the black community, the diseases are more severe: cirrhosis mortality is twice as common among black men as it is among white men; in some urban areas the rate shoots up to twelve times higher than for white males. The rate of cancer of the esophagus, strongly related to alcohol consumption, among black males 35-44 years old is a staggering ten times that of their white counterparts. That list goes on.

Alcohol abuse is one of the greatest health problems in both the black and white communities. But what is so extraordinary and different in this case is the lack of information and warnings available to consumers. Public health announcements are now regular about cardiovascular disease and smoking. Warning labels are accepted as modest public health protections for aspirin, bubble bath, ladders, and a host of consumers products. But when it comes to the more dangerous and costly alcohol, little if anything is done.

That's why I had hoped that the alcoholic beverage industry would agree to voluntarily label their containers with the health and safety information consumers need. The alcohol producers have rejected recommendations for warning labels from the Food and Drug Administration, and from the First Ladies Nancy Reagan, Betty Ford and the White House Conference for a Drug-Free America.

They reject those recommendations and this legislation because they argue that somehow this violates the consumers' "right-to-know", or that the labels are ineffective.

For any industry that spends over two billion dollars each year glamorizing alcohol to say that Americans know about the health and safety risks of their products is simply inaccurate and self-serving.

Enormous evidence shows that Americans are largely unknowledgeable about the risks of alcohol and addiction. Evidence also shows that warning labels are the quickest, cheapest and probably most effective means of imparting the necessary knowledge.

In the 1985 Health Interview Survey conducted by the National Center for Health Statistics, only 57 percent of persons under 45 years of age had ever heard of Fetal Alcohol Syndrome. Traffic related deaths are up nearly each year, and surveys show that school aged youth are largely uninformed about the many hazards of abused alcohol, and that most do not know alcohol is a drug. 4.6 million youths, each year, before they graduate from high school experience serious problems with alcohol abuse.

Studies have shown that warning labels on products such as cigarettes and aspirin have been effective in educating the public about risks and in creating serious modifications in habits. Per capita consumption of smoking in the United States started to decline in the early 1970s, just after warning labels were put on cigarette containers.

In this year when we have declared our resolve in the war against drugs we can surely elevate our public education efforts for the most costly of them.

Senator GORE. I certainly appreciate that strong statement, Congressman Conyers. And thank you for your kind words, too.

Do you have to leave right now? If you can stay for just a few more minutes, I would like to hear you both together, if you can manage it.

Mr. CONYERS. That's quite all right.

Senator GORE. Senator Thurmond.

STATEMENT OF HON. STROM THURMOND, U.S. SENATOR FROM SOUTH CAROLINA

Senator THURMOND. Thank you, Mr. Chairman.

Mr. Chairman, I want to say in the beginning that I wish to commend you for your fine position on this matter. It means a lot to the people of America, especially the young people.

I also wish to commend your lovely wife for her interest and the actions she has taken against pornography and other things for the good of the public.

Mr. Chairman, you are to be commended for holding this hearing on my bill, S. 2047, to require warning labels on alcoholic beverages.

I appreciate the opportunity to appear before this Committee. Because there are numerous witnesses scheduled today, I will be brief in my remarks.

Mr. Chairman, I first introduced legislation regarding the adverse health and safety effects of alcohol consumption in 1969. I believe your father was here at that time.

I have regularly introduced similar measures.

Senator GORE. Yes, and my son will join you in efforts in the next century.

Senator THURMOND. You are very kind. I might just take that up.

I have regularly introduced similar measures since that time.

In 1979, the Senate passed alcohol warning label legislation. I will continue to fight for what I consider vital legislation to protect the health and safety of the public.

S. 2047 would require five rotating labels on beer, wine, and distilled spirits. If enacted, it would provide alcohol consumers with specific information about the association of alcohol consumption with health and safety risks ranging from alcohol-related birth defects and the contribution of alcohol to liver disease, hypertension and cancer, to the impairment of driving ability, the danger of combining alcohol with other drugs, and the addictive nature of alcohol.

Mr. Chairman, some have argued—and I anticipate that we will hear more of this today—that these labels will have no effect because the public is already aware of these consequences. If that were true, would fetal alcohol syndrome still be the third leading cause of birth defects, with accompanying mental retardation, and would we still be losing about 25,000 lives a year on the highway because of alcohol?

Mr. Chairman, not only does common sense tell us that consumers need to be more aware of the effects of alcohol, but experts in the field have long been calling for alcohol-warning labels.

As far back as 1977, Food and Drug Commissioner Donald Kennedy urged the Bureau of Alcohol, Tobacco and Firearms to require warning labels on the alcoholic beverages about the risks of alcohol during pregnancy.

Moreover, I have here a list of almost 100 organizations, including the American Academy of Pediatrics, the American Medical Association, the American Liver Foundation and the March of Dimes and others which support this bill.

I ask that this list be included in the record at the conclusion of my remarks.

Senator GORE. Without objection, it will be included by reference.

Senator THURMOND. Mr. Chairman, just last year the Department of Health and Human Services released a report, concluding that health warning labels do have the potential to affect consumer behavior, particularly in combination with other educational efforts.

Secretary Bowen's letter accompanying this report outlines the many health hazards associated with alcohol use, and states—and these are his words—"the magnitude and severity of these health effects argue for sustained and highly visible public health efforts."

Mr. Chairman, the magnitude and severity of these health effects are enormous. Consumption of alcoholic beverages is associated with a wide range of health hazards, including birth defects, impaired motor skills, adverse drug reactions, excess premature mortality due to liver disease, hypertension and cancer, among other illnesses.

Nearly 100,000 deaths are attributed annually to alcohol consumption. Think about that—nearly 100,000 deaths, I repeat, are attributed annually to alcohol consumption, of which, as I have mentioned, almost 25,000 deaths annually occur on our highways.

Nearly half of the convicted jail inmates were under the influence of alcohol when they committed their crimes. I want to repeat that sentence. Nearly half of the convicted jail inmates were under the influence of alcohol when they committed their crimes.

The economic and social costs associated with alcohol use are staggering. In 1983, they reached $117 billion. By 1990, they are estimated to reach $136 billion.

Mr. Chairman, I was pleased to learn that Secretary Bowen personally endorsed requiring warning labels on the alcoholic beverages at a recent Senate Governmental Affairs hearing chaired by Senator Glenn.

Mr. Chairman, warning labels are not a cure-all for all the problems caused by alcohol. However, they can be an important and cost-effective component of a broad public health approach to the prevention of alcohol-related problems.

Warning labels represent a modest attempt to counter the nearly $2 billion spent a year by the alcohol industry to glamorize that product. Virtually every night our children are bombarded with television advertisements which imply that to have fun, you have to drink.

I read an article in a paper yesterday stating that children from two to 18 years old see at least 100,000 advertisements a year concerning alcohol in some form.

Mr. Chairman, the public is entitled to the facts, and they are not getting them from the alcohol industry. I have here a pamphlet entitled, "Thinking about Drinking," recently distributed to all Senate offices by the Distilled Spirits Council of the United States. The distributors of this pamphlet claim it reflects the latest findings in alcohol research.

Mr. Chairman, this pamphlet contains not one word about the dangers of drinking while pregnant—not one word. Yet, since 1981, the Surgeon General has officially advised women to abstain from

drinking during pregnancy and to be aware of the alcohol content of beverages.

Mr. Chairman, the public is entitled to the facts before it chooses to drink or not to drink. This measure can provide those facts. It is an educational measure, not a prohibition measure.

Mr. Chairman, I thank you again for the opportunity to testify today, and I would be pleased to respond to any questions.

I might say that it is a pleasure to be here with Congressman Conyers, who is taking such a fine interest in this matter. I appreciate the excellent statement that he made here this morning.

Senator GORE. Thank you very much, Senator Thurmond.

I know that my colleagues who have joined this meeting join me in thanking both of you.

Before I say anything more, I want to recognize the distinguished Chairman of the full Committee, Senator Hollings.

The CHAIRMAN. I would be happy to yield to the others who were here before me.

Senator FORD. That's all right. You go ahead.

OPENING STATEMENT BY THE CHAIRMAN

The CHAIRMAN. Well, I thank you, Mr. Chairman.

This is a sort of moment of truth because I meet myself coming around the corner, Congressman Conyers. Senator Thurmond would understand that.

We debated the tobacco issue, and 20 years ago, Senator Talmadge and I would sort of lead off that fight. I come from a tobacco State and was defending that industry. When we got into the labelling, I would say why don't you get on alcohol? That is causing more deaths than tobacco. Why don't you get on it, why don't you get on it?

Now, by gosh, Strom has gotten on it.

And I am going along.

I think the real test here, Mr. Chairman, is to use an intelligent approach. It is really the abuse of the product that is involved. And yet, at the same time, I am convinced that labelling helps.

I know that the beverage industry is convinced. I mean, they are the biggest advertisers in the world, and an advertisement today is practically a label: it has to be short, brief, punchy, and right to the point. So, how do we do that in an intelligent fashion?

Anything that we can attempt along this line to reduce the tragedy, the deaths, is helpful. Alcohol has the highest rate of deaths in my State for the 15 to 24 year old age group, that is, in South Carolina.

So we mean to move in this particular Committee. The argument ensues, that labelling does not help. But I have not seen that it will hurt. And the industry continues to advertise, and they advertise in a label fashion. So they are proving their own case.

The question for the Committee is to intelligently label and not just go overboard, where the cost of a long speech or something like that is required, which would be untenable. But yet, at the same time, there should be some kind of poignant, very abbreviated kind of warnings, which would dovetail with the other warnings that we are giving with respect to drugs and alcohol.

So I appreciate my senior Senator leading the way with Congressman Conyers.

I am glad to see you two get together.

Mr. CONYERS. Right. And we are working very closely together, too.

The CHAIRMAN. Yes, sir. I appreciate that very much.

Thank you, Mr. Chairman.

Senator GORE. The Ranking Republican Member of our full Committee, Senator Danforth.

OPENING STATEMENT BY SENATOR DANFORTH

Senator DANFORTH. Mr. Chairman, thank you very much.

Senator Thurmond, Congressman Conyers, thank you.

Senator Thurmond, I know that you offered this bill as an amendment on the floor several months ago. We had a colloquy on the floor, and we agreed that it would be better to give the Committee with jurisdiction an opportunity to examine the legislation.

I think that that really is important. Obviously, matters relating to public health and safety are very, very important. They have long been very important to this Committee. We have dealt in this Committee effectively, I think, with problems relating to drunk driving in particular, and we are very interested in any suggestions that come our way relating to problems of safety and alcohol abuse.

I appreciate your giving us the opportunity to focus on this issue. Obviously it is a matter that is of great concern to an awful lot of people. Witness the number of people in this hearing room today.

Some people feel that their livelihoods are threatened by labelling, and that we have to approach what we do with concern that we save people's lives and that we save people's health, but do not do anything that is an overuse of government power, an abusive use of the power of the Federal Government.

You have given us this opportunity and I appreciate it.

Senator THURMOND. Thank you very much.

Senator GORE. The former Chairman of this Subcommittee, my friend, colleague, and neighbor, Senator Ford is recognized.

OPENING STATEMENT BY SENATOR FORD

Senator FORD. Thank you very much, Mr. Chairman.

I have helped as much as I could, and I think the Ranking Member stated very well our interest in eliminating drunk driving. Of course, the tragedy in my State recently is one that has brought national attention. It also has brought national attention not necessarily to drunken driving, but to construction of vehicles. And so we create another problem, and the National Transportation Safety Board has just completed their hearing. Their report will be to us fairly soon.

I am not unalterably opposed, Senator and Congressman, to warning labels. I think we can work out something and move on with it, in my opinion, as it relates to some labelling procedure.

They say well, Ford's against it because his State is a major producer of alcoholic beverages. Well, that is not so.

I think we can move in the direction that would be helpful to all of us and arrive at some kind of consensus.

What does bother this Senator personally, other than in representing Kentucky, is that recently, the medical profession has published articles that say the use of alcoholic beverages is good for your health. It says that it will reduce high blood pressure, that it has the opportunity to reduce stroke. I think it did say that a small percentage would cause some breast cancer, but their recommendation was the fact of its life-saving elements in moderate use overshadows the breast cancer risk.

So, we get into these confusing reports from the medical profession.

Now, AMA is listed there, and I am not sure how they would stand as it relates to that medical statement.

I, therefore, have somewhat mixed emotions. I said that the other day, and someone said it's one part bourbon and two parts water. But that is not true.

I want to listen to the testimony today. I think there is some common ground that we could reach, and I would be very hopeful that we could.

The statistics are one thing, and where you get them, I guess, is another. But statistics show a decline rather than an increase, and the Surgeon General will tell you that what I do, in smoking cigarettes, is more harmful to me than having a drink or two in the evening, to improve my health from high blood pressure and the possibility of stroke.

So I smoke all day, and I may have two drinks at night and probably break even, you know.

Now, as it relates to drunk driving, I am willing to go the full blast as it relates to trying to prevent that.

So, Mr. Chairman, as we weave our way through the witnesses today, I hope that we can glean from that some opportunity in the very near future where we might be able to arrive at a position where we can at least move forward in the arena which Senator Thurmond wants us to move.

I have to agree with my distinguished Chairman, where we were fighting labelling on cigarettes, you know, and now we find ourselves with the labelling of alcoholic beverages.

I have a unique position. I come from Kentucky and I represent beautiful women, fast horses, bourbon, cigarettes and coal. It makes it somewhat untenable when all of these economic interests are there and this Congress and others have been going after them pretty hard.

In some instances I agree; in others I will stand my ground.

So, Mr. Chairman, we will move from there.

Senator GORE. I certainly welcome the statement.

As I said in my opening statement, I agree with you, Senator Ford, that it is time for this industry to come forward and discuss in good faith measures to accomplish the goals that our two distinguished witnesses who are leading us off today have in mind.

Senator Thurmond, you have fought this battle for 20 years. You have listed 100 public health, public interest organizations that support your efforts. There is a good deal of support in the Congress.

To what do you attribute the inability of this legislation to move up until now?

Senator THURMOND. I think it is the strong power of the liquor interests, the alcohol interests, who have opposed it. As I stated, I believe they spend $2 billion a year.

I might mention this—and I won't take much time, just one minute—I would mention a few of the health organizations endorsing this: American Academy of Pediatrics; American Association of Mental Retardation; American Cancer Society; American College of Preventive Medicine; American Heart Association; American Liver Foundation; American Medical Society on Alcoholism and Other Drug Dependencies; American Medical Association; American Medical Students Association—the students who are studying medicine; American Nurses Association; American Paralysis Association; American Public Health Association.

Those are just a few out of the list of over 100 that I put into the record that are endorsing this legislation.

Senator GORE. Congressman Conyers, in your statement you gave an eloquent presentation on the effects on society as a whole. Toward the end of your statement, you talked about the special impact on the black community.

You recently sent a letter to the Black Caucus, citing the targeting of black Americans in alcohol advertising as one of the reasons for your interest in this legislation.

Could you tell us briefly why that is of concern for you?

Mr. CONYERS. Thank you very much.

The simple fact of the matter is that we have discovered that the alcohol beverage industry is looking for new markets, and one of those markets is the black community.

Their promotions, the amount of activity and charitable events and other activities that receive their sponsorship are frequently determined by the amount of sales consumption that is going on in the particular community.

When we link that, Senator Gore, with the incredible health statistics, the negatives that are leaping off the charts in the black community, it is almost like two nations health-wise, seriously divided, with many of the aggravating problems caused by alcohol.

And so, what I have done is to move into this problem. It is a very natural development for me. I did not go out looking for this issue. It literally came to me, and we no longer can ignore it.

These health statistics are creating two Americas, and all we are asking for are warning labels, not a war against alcoholism or shutting them down or taxing them to death. All we are saying is let's put some counter-information on the table.

If we can put information labels on bubble bath and stepladders and aspirin, give me a break—we're talking about a drug here.

You know, the time has really come that we in the Congress, no longer rationalize this very first, modest, step.

That is what I am here about today.

Senator GORE. I know that both of you have other engagements. I want to give my colleagues an opportunity, if they have any questions, to ask them. They both have hearings to attend as well.

[No response]

Senator GORE. If there are no other questions, I want to thank you both very much for starting off our hearing.

Senator THURMOND. Mr. Chairman, I want to thank you and the Members of the Committee, for your fine attention.

Mr. CONYERS. It is an honor to be before all of my friends on this Subcommittee.

Thank you very much.

Senator GORE. Thank you.

Thank you both very much.

We would now like to call on our first panel of witnesses—I guess it is actually our second panel of witnesses.

I call on Dr. Enoch Gordis, who is Director of the National Institute on Alcohol Abuse and Alcoholism; Mr. William T. Drake, Deputy Director of the Bureau of Alcohol, Tobacco, and Firearms, whose statement evidently has received a great deal of attention at the Office of Management and Budget; and Mr. Jerry McCord, Commissioner of the South Carolina Commission on Alcohol and Drug Abuse.

If the three of you would come up to the witness table, we will get this panel underway.

[Pause]

Senator GORE. I want to thank all three of you for attending today. We are going to use our light system, gentlemen. We have so many witnesses today, the rules of the Committee call for just five minute statements. We will put your full texts in the record. A lot of times we waive that and let you have as much time as you want, but we have so many witnesses today that we do ask for cooperation from the witnesses in observing the time limits, even though it is an onerous burden. We appreciate it.

Dr. Enoch Gordis, the Director of the National Institute on Alcohol Abuse and Alcoholism, you are our first witness.

Please proceed.

STATEMENT OF ENOCH GORDIS, M.D., DIRECTOR, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Dr. GORDIS. Thank you, Chairman Gore.

As Director of the National Institute on Alcohol Abuse and Alcoholism, whose mission, of course, is to furnish the science basis for public policy decisions, it is my pleasure to be here to furnish some of the evidence connected with the text of the warning label proposal.

I also want to personally thank you for your interest in the problem of alcohol in this country.

In the few minutes allotted to me, I will simply give some of the background related to the text of the warning label proposals that are in the present legislation.

The first has to do with pregnancy, fetal alcohol syndrome and mental retardation. Alcohol consumption is one of the leading causes of mental retardation in the country.

The fetal alcohol syndrome itself is a wide syndrome of many kinds of findings in a newborn. They involve physical malformation, mental problems, and, aside from that, the effects of alcohol

in pregnancy can persist into the years following birth, even if there are no gross physical abnormalities.

The overwhelming evidence now is that alcohol is a dangerous drug for pregnant women to use, and the evidence on this topic, I believe, is overwhelming.

I am going to move now to the next question of driving a car or operating machinery.

The issue here, of course, is not merely being drunk at a level of 100 mg percent Blood Alcohol Control (BAC) or 80 mg percent (BAC), which, as many of you know, are the limits in various States for legal intoxication and impairment. We know from all sorts of evidence now in the science of driving psychology and driving physiology that much lower levels than that can cause serious impairment in the skills which are necessary to operate a vehicle of any kind.

These skills include attention, vigilance, the ability to attend to two stimuli at once, which is one of the cardinal skills which any kind of operator of a vehicle needs.

And so, without belaboring the data on this now, since I have five minutes, I just want to say that the evidence on this statement, I believe, is similarly overwhelming and conclusive.

The next topic of alcohol in combination with some drugs is really a chapter heading for several different individual topics, all of which, of course, are substantially supported by evidence.

In some cases, alcohol, when taken in combination with another drug, affects the way that body handles the clearance or disposition of that other drug. In some cases, it may slow it down. In other cases, it may speed it up. But the impact of this is that when people are drinking, the prescription for another drug may have effects which are unpredictable because of the various rates, either faster or slower, at which the body may eliminate that other drug.

That is one subheading of item number three.

The other piece of it is what is called synergistic action, that is, the fact that alcohol may amplify the effect of the drugs and those other drugs may amplify the effects of alcohol. For example, it is known that in people who have died from a combination of factors, say, a suicide attempt with alcohol, and tranquilizers, the dose of either that is present in the body of the deceased is smaller than that of each which would be lethal, and they amplify each other's effects.

So, once again, the evidence in support of the effect of alcohol, used simultaneously with other drugs, both from the point of view of affecting the disposition of the other drug and in acting synergistically with the other drugs, is substantial and, I believe, overwhelming.

On item number four, we are talking about a whole spectrum of diseases in which alcohol is an immediate, causative factor or a tremendous, associated risk. These include hypertension, liver disease, and cancer.

I will begin with liver disease because there we have a direct causative effect. Alcoholic liver disease probably causes about 12,000 deaths in this country each year, plus a lot of morbidity among people who are not dying. The costs are immense in both human and financial terms, especially since the people with liver

disease have repeated episodes of hemorrhage and other kinds of decompensation, which are treated in hospitals at great cost and often repeatedly, until the patient often finally succumbs.

There is a whole spectrum of liver disease here—fatty liver, alcoholic hepatitis and cirrhosis—and I would be very happy to respond on the details of these if the questioning period allows this.

On hypertension, now, over the last ten years, the evidence is very strong now that past the limit of approximately two drinks a day, there is a direct increase in blood pressure associated with the use of alcohol, even at the level of three or four drinks a day.

Of course, as you know, hypertension is a causative factor for both heart failure and strokes.

The cancer question is not probably related directly to the effects of alcohol, but is very importantly associated. The prominent cancers associated with alcohol are those of the oropharynx, that is, the mouth and the region around it, the larynx, and the esophagus.

Here the effect of alcohol, even though it is commonly used together with tobacco—it's been teased out separately by people who are expert in this kind of analysis—is a contributing factor.

If you are interested in the mechanisms which are thought to be relevant to this, I would be happy to speak to that during the question period.

As you know, recently, there has been a lot of evidence suggesting that alcohol, at a dose level far below that associated with alcohol abuse or alcoholism, may be a risk factor in breast cancer in women.

A recent summary in the "Journal of the American Medical Association," which was a so-called "meta-analysis"—that is, an analysis of analyses, a summary of research on this topic in toto—came out with the conclusion that the evidence is strong that there is a minor, but nevertheless significant, effect of alcohol in breast cancer, although the matter is not altogether settled on the breast cancer issue, in my opinion.

Finally, we have the proposed label statement that alcohol is a drug and may be addictive. Obviously, this does not have to be belabored in front of this knowledgeable Committee.

The fact that we have many millions of people who are already alcoholic in this country and who were not born that way obviously means that the exposure to the drug, in a minority of people, is going to lead down the road to addiction.

In conclusion, I would like to say it is important to understand that, in many of these issues—for example, the driving issue, the breast cancer issue, the fetal alcohol issue—we are not talking about alcoholism, and in some of these cases we are not even talking about alcohol abuse. We are talking about some risks which are even associated with some modest use of alcohol. Certainly, among all the people who are involved in fatal or non-fatal alcohol-related highway crashes, some are genuine alcoholics, but others are not, and yet they have misused alcohol, certainly come under the purview of the warning label on driving.

With that, I conclude my testimony, and I want to thank you.

[The statement follows:]

STATEMENT OF ENOCH GORDIS, M.D., DIRECTOR, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Good morning, Mr. Chairman and Members of the Subcommittee. Thank you for the opportunity to appear before you today. As you know, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is a research institute whose primary mission is to conduct and support research into the effects of alcohol on the human body to better determine ways to prevent and treat alcohol-related problems. NIAAA remains committed to the belief that increased knowledge can reduce the tragic loss of life and health caused by alcohol abuse and alcoholism that directly or indirectly affects the lives of millions of Americans. The bill you are considering today (S. 2047) proposes that containers of distilled spirits, beer and wine be labeled with information about some of the health hazards associated with alcohol consumption. I have been asked to summarize for the Committee the scientific evidence underlying each of the proposed label statements. I will do so briefly and then respond to your questions.

ALCOHOL-RELATED BIRTH DEFECTS

Alcohol is a teratogen, that is, a substance capable of producing birth defects. The consequences of alcohol use in pregnancy range from subtle neurological disturbances and reduced birth weight to the unique cluster of abnormalities which constitutes Fetal Alcohol Syndrome (FAS). The full FAS, which has been seen only in women who drink heavily throughout pregnancy, is characterized by retarded growth, distinctive facial deformities, cranial and other skeletal abnormalities, behavioral dysfunction, and neurological abnormalities including mental retardation. Although firm figures on the prevalence of FAS are not available, the most common estimate continues to be 1-3 cases per 1,000 live births. A recent review reported a worldwide incidence of 1.9 cases of FAS per 1,000 live births. At this rate, FAS is the leading known cause of mental retardation, ranking ahead of Down's syndrome and spina bifida.

Even in the absence of FAS, alcohol can still cause alcohol-related birth defects. These are birth defects or complications of pregnancy that are attributable to alcohol consumption after statistical analysis has corrected for the contribution of other possible factors. Alcohol-related birth defects are characterized by growth retardation before and after birth, reduced sucking reflex, tremulousness, as well as defects in physical and neurological development. Among the subset of women who are known alcohol abusers the prevalence of alcohol-related birth defects is estimated at 23-29 cases per 1,000 live births.

Animal models of FAS continue to provide information relevant to humans. Recent laboratory research has demonstrated a high degree of vulnerability to alcohol toxicity in certain parts of the developing brain. For example, the hippocampus, a midbrain structure involved in memory and learning, is especially sensitive to prenatal alcohol exposure. A recent study demonstrated that alcohol exposure during prenatal life caused hippocampal nerve cells in rats to terminate in the wrong places, even though the animal showed no external malformations. This misplacement of hippocampal nerve cells appears to be irreversible.

In addition, prenatal alcohol exposure causes profound disruptions in the development of the cerebral cortex. Growth and development of the cerebral cortex requires the generation of neurons within the germinal zones and their subsequent migration to specific anatomic sites. It has been observed that alcohol alters the period for neuronal generation and the migration of newly born neurons. Further, the number, size, and shape of neurons were altered by prenatal alcohol exposure.

A study of adolescents who were born with the fetal alcohol syndrome indicates that its effects are permanent and although good quality of home life is associated with improved social and emotional development of these children, it does not ameliorate the severe handicaps caused by heavy prenatal alcohol exposure. Because of alcohol's effects on development and the absence of evidence to establish a level of alcohol consumption totally free of any potential risk to the fetus or embryo, the Surgeon General has recommended, as the most prudent course of action at this time, that pregnant women avoid consuming any alcohol.

DRINKING AND DRIVING OR OPERATING MACHINERY

We have all felt the tragic effects of drunk driving and 50 years of scientific investigations have produced accumulated evidence of a direct relationship between alcohol consumption by drivers and increasing risk of a motor vehicle crash. Fatal traffic accidents are the leading cause of death for persons under 40 years of age. In

1987, 46,386 persons were killed in motor vehicle accidents in the United States, of these, 23,630 or 51 percent of the total number of traffic fatalities were alcohol- related.

Alcohol affects the central nervous system, acting like a general anesthetic. It makes information acquisition and processing slower and less efficient, rendering divided attention tasks such as steering and braking more difficult to accomplish without error. Alcohol impairs the visual functions of light adaptation, detection of objects in the peripheral visual field, visual search and glare recovery. Even small amounts of alcohol affect judgement, coordination, performance, and reaction time. Hearing, touch, memory, reasoning and attention span are also affected by alcohol consumption.

A recent National Academy of Sciences report for the Department of Transportation reviewed studies on alcohol impairment related to the driving task. Findings indicated performance degradation in: Visual performance at blood alcohol levels (BAC) levels as low as 0.01 percent, depth perception at BAC levels of 0.04–0.05 percent, and single task and divided attention tasks at BAC levels of 0.06–0.09 percent.

The NAS study concluded "that at any BAC above zero most commercial vehicle drivers would experience a degradation in skill that would increase the risk of crash involvement". It went on to state "that performance of driving-related tasks decreases at any BAC level above zero and crash risks increase sharply as BAC rises."

ALCOHOL IN COMBINATION WITH OTHER DRUGS

Many common and legitimate drugs are potentially hazardous when combined with alcohol. These include antibiotics, antihistamines, antidepressants, sedatives, stimulants, tranquilizers, antidiabetic agents, analgesics, drugs used in the treatment of cardiac disease, and many others.

Alcohol may pose a substantial risk when taken in combination with other drugs. An interaction between alcohol and a drug is defined as any alteration in the pharmacological properties of either due to the presence of the other. The end result can be medically hazardous and sometimes fatal. These adverse effects are sometimes intended, as in the case of suicides and suicide attempts. More often, though, the possibility of alcohol-drug interaction is overlooked and adverse reactions occur accidentally. This is seen most often when alcohol is combined with minor tranquilizers (the type of drug most frequently combined with alcohol).

The harmful consequences of combined alcohol-drug use are not always strictly medical but may include behavioral effects. Although alcohol itself is a central nervous system depressant that impairs alertness, reaction speed, and coordination—making driving and the operation of machinery more hazardous than usual—the impairment can be exaggerated when alcohol is combined with sedatives, antihistamines, and many other kinds of drugs.

In 1987, "alcohol in combination" with other drugs accounted for more than 38,000 episodes of drug abuse reported by hospital emergency rooms participating in the Drug Abuse Warning Network—more than 19 percent of the total number of episodes (199,248) reported that year. Emergency room episodes involving alcohol consumption alone are not included in this reporting system.

INCREASED RISK OF DEVELOPING HYPERTENSION, LIVER DISEASE AND CANCER

Directly or indirectly, alcohol affects virtually ever organ in the body. The range and complexity of alcohol's effects on the body are immense. Chronic alcohol consumption leads to ubiquitous toxic effects in the body, with medical consequences ranging from slight functional impairment to life-threatening disease states. Liver disease, cancer and hypertension are three examples of the wide range of illness that can result from alcohol use.

LIVER DISEASE

The most common site of alcohol's injurious effects is the liver, the primary site of alcohol metabolism. It is well established that alcohol abuse can cause serious damage to the liver in the form of fatty liver, alcoholic hepatitis, or cirrhosis; these disease states can occur independent of malnutrition. In the United States, alcohol abuse is the leading cause of cirrhosis, which is itself the ninth leading cause of death. Most evidence indicates that alcoholics who develop cirrhosis consume large amounts of alcohol; however, not all heavy drinkers will develop cirrhosis and the amount of alcohol consumed is not an accurate indication of the probability of developing the disease. Cirrhosis is an irreversible condition with an average 50 percent survivial rate after 5 years.

CANCER

Of all the medical conditions with which alcohol is associated, cancer demonstrates as much as any other the complexities and wide range of alcohol's actions.

Alcohol consumption, either alone or in combination with smoking increases the risk of cancer in the gastrointestinal tract, particularly of the mouth, pharynx, larynx, and esophagus. It is estimated that the combined effect of heavy smoking and drinking results in a risk of oral cancer that is 15 times as greater as for people who neither smoke nor drink. The combined consumption of alcohol and tobacco increases the risk of developing cancer above the risk from the use of either substance alone.

A 1985 survey conducted by the National Center for Health Statistics found that only about one-third of the respondents recognized the association between heavy alcohol use and cancers of the throat and mouth.

Several factors may be operating in the susceptibility to cancer. For example, alcohol-mediated immunodeficiency may reduce the ability to defend against cells with foreign antigens or against viruses such as the Epstein-Barr virus, which is thought to cause cancers of the head and neck. Also, nutritional disturbances, including deficiencies in thiamine, folic acid, vitamin A, riboflavin, and pyridoxine, have been observed in alcoholics. These deficiencies may increase the incidence of some types of cancer in animals. Finally, alcohol can induce any of several microsomal enzymes, including cytochrome P450, which may activate procarcinogens to carcinogenic compounds.

HYPERTENSION

A recent article published in the Annals of Internal Medicine (July 1986, Vol. 105, N. 1) succinctly states what we know about alcohol and hypertension. Summarized, it states that "alcohol's role in the determination of blood pressure levels and the prevalence of hypertension was suggested as early as 1915. However, only in the past decade has alcohol received widespread, serious consideration as a potentially important factor in the development of high blood pressure. This attention has, for the most part, been due to repeated demonstrations in cross-sectional population studies of a positive association between levels of daily alcohol consumption and blood pressure, independent of potential confounding factors such as age and body mass index. These studies have indicated that blood pressure is elevated not only in heavy drinkers, or alcoholics, but also in moderate consumers."

"The available evidence suggests that the consumption of three drinks or more per day is associated with higher blood pressure; as much as 11 percent of hypertension in men, but a smaller proportion in women, may be due to consumption at this level; and in persons consuming three or more drinks per day, whether hypertensive or normotensive, the total withdrawal of alcohol or its restriction is likely to result in falls in blood pressures."

ALCOHOL IS A DRUG AND MAY BE ADDICTIVE

Drugs are chemical agents which have physiological and behavioral actions when administered to living organisms. Ethyl alcohol is a chemical compound which has a large number of physiological actions (for example, depression of respiration and heart rate) and behavioral actions (for example, the inducement of motor incoordination and euphoria). More specifically, alcohol has actions similar to other well-known psycho-active drugs such as barbiturates and minor tranquilizers. Alcohol, barbiturates and tranquilizers may produce cross tolerance to each other (that is, the action of one drug confers tolerance toward the other) as well as cross dependence (that is, physical dependence or withdrawal symptoms are similar for each drug and these symptoms are relieved by administration of any of them).

This is a brief overview of the scientific evidence available in each of these areas. More specific evidence and studies have been made available in our Special Reports to Congress as well as a variety of other publications and reports. There is clearly ample scientific evidence underpinning the language of the proposed warning labels. I thank you for the opportunity to share it with you.

I will be happy to answer any questions you may have.

Senator GORE. Thank you for adeptly summarizing a very capable statement. The full statement will appear in the record.

We will hold our questions until the conclusion of the panel.

Our next witness is Mr. William T. Drake, Deputy Director of the Bureau of Alcohol, Tobacco and Firearms, with the Department of Treasury.

Mr. Drake, welcome, and please proceed.

STATEMENT OF WILLIAM T. DRAKE, DEPUTY DIRECTOR, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS, DEPARTMENT OF THE TREASURY

Mr. DRAKE. Mr. Chairman, thank you.

I had considered making a summary of the statement, but considering the article in the "Washington Post" this morning and not knowing the full accuracy of that, I think it might be wise if I read the entire statement.

I appreciate the Subcommittee's invitation to discuss the Bureau of Alcohol, Tobacco and Firearms' position on the issue of warning labels on alcoholic beverages.

Under the Federal Alcohol Administration Act, ATF has jurisdiction over all aspects of alcoholic beverage labelling. This law authorizes the issuance of regulations intended to provide the consumer with adequate information as to the identity and quality of the alcoholic beverages. The regulations requiring basic mandatory labelling information for alcoholic beverages have been in effect for over 50 years.

Public Law 96–180, passed January 2, 1980, required the Department of Health and Human Services and the Department of the Treasury to jointly submit a report to the President and to Congress on the extent and nature of birth defects associated with alcohol consumption by pregnant women; the extent and nature of other health hazards associated with alcoholic beverages; and the actions which should be taken by the Federal Government with respect to informing the general public of such health hazards.

This 1980 study involved a review of the available scientific literature on the effects of alcohol consumption and a consultation with individuals and groups knowledgeable about the health hazards associated with alcohol consumption.

At that time, the Departments decided that it would be premature to require warning labels on alcoholic beverages. It was decided that in lieu of warning labels, government, industry and private organizations should develop and conduct a broad-based, diverse, and highly visible public information campaign on alcohol-related health problems.

However, as requested by Congress under the Anti-Drug Abuse Act of 1986, the Department of Health and Human Services in August, 1987, sent to Congress a report entitled, "Review of the Research Literature on the Effects of Health Warning Labels." The report concludes that "health warning labels do have the potential to affect consumer behavior, particularly in combination with other educational efforts."

Although the report also concludes that the evidence "cannot be regarded as conclusive...that health warning labels are necessarily effective in all situations," in a letter transmitting the report, Secretary Bowen said, and I quote, that "consumption of alcoholic beverages is associated with a wide range of serious health hazards,

including birth defects, impaired motor skills, adverse drug reactions, excess morbidity, and premature mortality due to liver damage, hypertension and cancer among other illnesses. Well over 100,000 deaths are attributed annually to alcohol consumption. The magnitude and severity of these health effects argue for sustained and highly visible public health efforts."

Moreover, at the direction of Congress, ATF is currently involved in an independent study on consumer attitudes regarding warning labels on alcoholic beverages. The basic objective of this current study is to determine the need for and the potential benefit of warning labels to consumers, relative to the potential costs associated with these labels. ATF will prepare a report to Congress detailing its findings by the end of this year. I would like to point out that, to my knowledge, this will be the first study on the warning label issue that actually includes consumers 'perceptions on the need for and the effectiveness of warning labels.

The Thurmond Bill, S. 2047, is the warning label legislation now before Congress. This bill would amend the Public Health Service Act to make it unlawful for any person to manufacture, import, distribute, sell, ship, package, deliver, or otherwise introduce into commerce any alcoholic beverage unless the container has a label bearing one of five prescribed warnings.

The bill would also require that manufacturers, packagers and importers of alcoholic beverages randomly display each of the five warnings for an equal number of times on each brand during a calendar year, and that they randomly distribute the warnings.

If convicted, violators of these provisions would be guilty of a misdemeanor and subject to a fine. The bill provides that ATF will enforce and administer these provisions and consult with the Secretary of Health and Human Services.

While the administration is on record as recognizing the health hazards related to alcohol consumption comprise one of the Nation's most serious problems, we believe any legislation should await the completion of studies on the impacts of the alcohol labelling.

Senator DANFORTH. I am sorry, but I missed that sentence.

Mr. DRAKE. I am sorry. Any action on legislation should be deferred until we complete the studies that are currently in progress.

I would also like to take this opportunity to point out a number of potential problems with the bill as it is drafted.

First, we anticipate some difficulty for industry members to comply with the provisions of the law. For example, one section of the law stipulates that alcoholic beverage manufacturers, packagers and importers display five different warnings for an equal number of times each year on each brand.

There are numerous brands of alcoholic beverages. Thus, it appears that a manufacturer of a number of brands of wine, for example, would be required to change labels for each brand five times a year.

Another difficulty lies with the provision that makes it unlawful for "any person" to sell alcoholic beverages without a warning label. The bill stipulates that manufacturers, packagers, and importers of alcoholic beverages place the warning on the labels, on the product.

In theory, a retailer who received and stored inventory that was lawfully packaged prior to the effective date could be in violation for selling it without a health warning.

I believe that ATF has a sound and effective consumer protection program. We have a product sampling/testing program nationwide at all levels in the distribution chain, and we have always responded promptly and appropriately when contaminant problems have been identified.

In addition, when it has been established that a specific ingredient, such as sulfites, saccharin, the coloring agent yellow dye number 5, poses a health hazard to consumers, we have taken appropriate action to require mandatory label disclosure of that ingredient.

In conclusion, we at ATF look forward to sharing the results of our in-depth study of the warning label issues with Congress.

I would be happy to try to Answer any Questions.

Thank you, Mr. Chairman.

[The following information was subsequently received for the record:]

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

Question 1. Regulatory jurisdiction over alcohol labeling is vested in the Bureau of Alcohol, Tobacco and Firearms (ATF). Some have suggested this is not appropriate since ATF is a sub-unit of a revenue agency, the Treasury Department. Has the current jurisdiction hindered development of effective policies, and should this jurisdiction be vested in a department whose primary concern is health (like Health and Human Services (HHS) or the Food and Drug Administration (FDA)) or shared among ATF and HHS/FDA?

Answer. Under the Federal Alcohol Administration Act (FAA Act), ATF has jurisdiction over all aspects of alcoholic beverage labeling. In addition, ATF is charged with the administration and enforcement of Chapter 51 of the Internal Revenue Code (IRC), relating to distilled spirits, wines and beer. This current jurisdiction does not hinder the development of effective policies concerning health issues involving alcoholic beverages. In the exercise of its authority, ATF has developed effective policies concerning health issues.

For example, as a result of the Chernobyl nuclear incident ATF has developed the ATF Radiation Detection Program to monitor radiation levels in alcoholic beverages from affected countries. This is an ongoing program with samples of distilled spirits, wines and malt beverages periodically tested for the presence of isotopes that are prevalent in reactor melt-down situations.

Each year ATF analyzes representative samples of alcoholic beverages nationwide, at all levels in the distribution chain throughout the United States. Although ATF examines these products for many reasons including labeling and tax compliance, one major reason is to detect any potential health risks associated with ingestion of the beverages. In the past year, marketbasket sampling has revealed: the presence of high levels of methanol in some fruit brandies, the presence of undisclosed artificial colors in distilled spirits, high levels of alcohol in some "non-alcoholic" malt beverages, and diethylene glycol in some imported wines.

When problems such as the above are detected, ATF works with the producers and importers to assure immediate correction of the health problems, either by recall of the products which contain toxic substances such as methanol, or, when appropriate, by relabeling of products.

In addition, ATF does review ingredients in alcoholic beverages on a case-by-case basis to determine whether they pose a health problem which requires their mandatory disclosure on labels. As a result of ATF's policy in this area, the labeling regulations have been amended to require specific disclosure of the color additive FD&C Yellow No. 5, saccharin and sulfites. In this regard, ATF maintains a close relationship with FDA and the two agencies exchange a wide variety of information concerning alcoholic beverages. FDA assists ATF in assessing whether ingredients and substances in alcoholic beverages may pose a public health problem.

Finally, as a result of ATF's close relationship with FDA, in November of last year, ATF signed a Memorandum of Understanding with FDA in order to clarify

91-202 O - 89 - 2

and delineate the enforcement responsibilities of each agency with respect to adulterated alcoholic beverages. A more efficient system of communication and exchange between the two agencies has been established.

Along with FDA, ATF is playing a key role in monitoring and testing alcoholic beverages for the presence of ethyl carbamate (urethane), a substance found to cause cancer in laboratory animals. FDA has announced voluntary agreements with the domestic whiskey and wine industries to reduce urethane levels in their products. Industry members are striving to reduce urethane levels and will conduct annual surveys of their products, reporting their findings to ATF and FDA.

Question 2. Your testimony says that it is better to await the results of your study. Does that mean ATF is *opposed* to the bill, or merely that it believes that the bill *is premature*?

Answer. It is our understanding that the intent of a warning label is to inform the prospective consumer of some of the potential problems that could occur. The value of a warning label is going to be directly related to the perception and/or receptivity and/or interest of the prospective consuming public. We are currently trying to establish some evidence as to the level of interest and receptivity on the part of the consumer by conducting this type of study. How better to do that than to "ask" the public to whom the warning will be addressed. The more information we have as to the perception of consumers or prospective consumers, the more likely we would be able to provide recommendations to Congress that would have a higher potential for positive results to achieve the desired objectives.

Therefore, ATF believes that S. 2047 is premature and any legislation should await the compeletion of the pending study on the impact of requiring health warning labels on alcoholic beverages.

Question 3. How would S. 2047 work—that is, would it be difficult for ATF to draw up regulations to implement S. 2047? Would it be difficult to enforce this legislation? You've mentioned some technical difficulties for alcohol beverage manufacturers to adopt and implement a rotating warning labels system. Do you have other suggestions about ways the legislation could be admended so that these difficulties could be minimized?

Answer. S. 2047 would amend Title V of the Public Health Service Act to make it unlawful for any person to manufacture, import, distribute, sell, ship, package, deliver, or otherwise introduce into commerce any alcoholic beverage unless the container has a label bearing one of five prescribed warnings concerning health risks associated with the consumption of alcohol. Although ATF stands ready to effectuate any warning label requirement, we believe that the current bill, as drafted, would pose a number of problems, not only in the ability of the alcoholic beverage industry to comply with the provisions, but in the enforcement of the law as well.

For example, section 550(d) of the Act would require each alcoholic beverage manufacturer, packager, and importer to display five different warnings for an equal number of times each year on the container of each brand. However, there are countless numbers of "brands" of alcoholic beverages. Under this section, it appears, for example, that a producer of vodka of varying proofs, or the producer of a chablis, burgundy, sherry and numerous other brands of wine would be required to change labels for each brand five times a year.

Moreover, the bill appears to contemplate that the health warning be a permanent part of the label of packaging of the container for each brand, rather than be affixed by way of a separate device, such as a sticker. As a result, producers of alcoholic beverages sold in cans may be required to manufacture different cans for each brand five times a year.

In addition, the broad definition of the term "container" in section 550(a)(3) would appear to require the rotation of warnings not only on each bottle or can but on wrappers, cartons, cases, and cannisters as well. The broad definition also raises a question concerning whether warning labels must appear on dispensers, carafes, shakers, glasses, or other containers used for preparing and/or serving drinks. Moreover, since section 550(b) would prohibit the sale of *any* container without a warning, even containers of bulk spirits (which may not be lawfully sold for nonindustrial use) would have to contain a health warning.

We believe that compliance with these rigorous requirements would be extremely burdensome and costly and would adversely influence the price that a consumer pays for alcoholic beverages. With respect to the enforcement of these provisions, we believe that ascertaining that these rigorous requirements were met for each brand each year would be extremely difficult, as would any attempt to prove a violation of such requirements. Furthermore, the implementation of regulations and an effective program for obtaining compliance would be difficult in view of the proposed six month effective date of these provisions.

Another problem lies with the provision in section 550(b) that makes it unlawful for "any person" to sell alcoholic beverages without a warning label. This section is much broader in scope and clearly in disparity with section 550(b) which requires that manufacturers, packagers, and importers of alcoholic beverages, as opposed to *persons*, place the warnings on labels. The incongruous result is that a retailer who retains inventory that was lawfully packaged without a warning and received by him prior to the effective date would nevertheless be liable under section 550(b) for selling it without a health warning. There is no requirement, however, that the retailer place a warning on the product.

The language in section 550(b) is also in disparity with that employed in an analogous provision of the Federal Cigarette Labeling and Advertising Act. Pursuant to 15 U.S.C. § 1333, it is unlawful for "any person to manufacture, package, or import for sale or distribution" any cigarettes, the package of which fails to bear a warning.

We believe that the above difficulties could be alleviated to some degree if the legislation were amended to require the placement of warning labels on "bottles," as defined in section 17(a)(8) of the FAA Act, 27 U.S.C. § 211(a)(8). Pursuant to this section, a "bottle" means any container, irrespective of the material from which made, for use for the sale of distilled spirits, wine or malt beverages *at retail*. Historically, the term "bottle" has not been construed for purposes of the FAA Act as including glasses, carafes, dispensers, etc., used for the preparation and/or serving of alcoholic beverages for immediate consumption. In addition, one all-inclusive warning label, as opposed to five rotational warnings, may be preferable from an implementation and compliance standpoint. Alternatively, the number of times specified for the rotation of the warnings and/or the requirement that each warning appear five times a year on each brand could be reduced. Furthermore, ATF would require a lead time longer than the 6 months specified in the proposed bill to promulgate regulations and to develop an effective compliance program.

Finally, we have noted that S. 2047 does not require health warnings in connection with the advertisement of alcoholic beverages. You may wish to consider amending the bill to require a warning with respect to advertisements as well. Moreover, since the FAA Act covers the labeling and advertising of alcoholic beverages, we believe that consideration should be given to amending that Act, rather than the Public Health Service Act, to require health warnings in connection with both labeling and advertising. We would be glad to provide technical drafting assistance in this regard.

Question 4. In 1980, the Treasury Department and HHS issued a report rejecting the imposition of health and warning labels at that time. Instead, the report recommended that government, industry and private organizations should develop a broad based and diverse information compaign on alcohol related problems. Has this been done? Please elaborate.

Answer. In response to the findings in the 1980 "Report to the President and the Congress on Health Hazards Associated with Alcohol and Methods to Inform the General Public of these Hazards," submitted by the U.S. Department of the Treasury and U.S. Department of Health and Human Services, ATF prepared and distributed (in English and Spanish) the Rex Morgan illustrated booklet on the fetal alcohol syndrome (FAS). In addition, ATF prepared and distributed the 60–90 second public service video, "Two Tummies," again on the subject of the FAS, to the major television networks. We are still receiving requests for the Rex Morgan publication.

ATF also monitors the moderation campaigns of the alcohol beverage industry, such as the Licensed Beverage Information Council's (LBIC) campaign against drinking and driving. In addition, LBIC also sponsored an ad campaign aimed at the medical profession which included ads in medical publications concerning FAS. Some examples of what LBIC and other segments of industry have done to disseminate warning information include the "Friends don't let friends drive drunk" slogan ad campaign which is used by several members of the alcohol industry and the Anheuser-Busch "Know When To Say When" ad campaign. Joseph E. Seagrams sponsored an "equivalency" educational program comparing the alcohol content of distilled spirits, wines and malt beverages which included a Reader's Digest section. Furthermore, several members include warning statements on their labels for bottled products such as "Enjoy in Moderation", or the depiction of a car with a glass and bottle with a circle and slash through it, or a warning to pregnant women, to cite a few.

Finally, ATF has participated on the U.S. Department of Justice's professional Group Steering committee, dealing with alcohol and drug abuse among juveniles. In addition, ATF stays abreast of what other Federal agencies are doing in the area of

alcohol addiction and abuse (i.e., the Office of Substance Abuse Prevention and the newly formed National Clearinghouse for Alcohol and Drug Information (NCADI)).

Question 5. In 1978, ATF published an Advance Notice of Proposed Rulemaking requiring a Fetal Alcohol Syndrome warning, but then postponed a decision based on further study and alcohol industry education campaigns. What has ATF learned since then? Has the industry undertaken these educational efforts?

Answer. We have learned that there appears to be a greater awareness on the part of the public of some of the potential hazards associated with alcohol consumption and/or abuse. The strong driving while intoxicated (DWI) laws/enforcement, and increased age requirement for consuming alcoholic beverages are some examples of this increase in awareness.

At the direction of Congress, ATF is currently involved in an independent study on consumer attitudes regarding warning labels on alcoholic beverages. The basic objective of this current study is to determine the need for, and the potential benefit of, warning labels to consumers, relative to the potential costs associated with these labels. ATF will prepare a report to Congress detailing its findings by the end of this year. This will be the first study on the warning label issue which actually includes consumers' perceptions on the need for, and the effectiveness of, warning labels.

The Joseph E. Seagrams "equivalency" program also appears to have resulted in a greater awareness of the alcohol content in various products.

The industry has taken some actions concerning the educational efforts, as discussed in question 4.

Question 6. Your agency also has jurisdiction over tobacco products. In your opinion, have the warnings required on tobacco products informed consumers of the health and safety risks associated with smoking?

Answer. Since our authority over tobacco products is limited to tax collection, and does not include labeling, we have no information on which to base an opinion as to whether the warnings required on tobacco products inform consumers of the health and safety risks associated with smoking. The Federal Trade Commission has jurisdiction over the labeling and advertising of tobacco products.

Senator GORE. Thank you very much.

We will hold our questions.

I would like to ask our Chairman to introduce our third witness on this panel.

The CHAIRMAN. Thank you, Mr. Chairman, for that opportunity.

Jerry McCord is not here just because he is from South Carolina, though that is reason enough. But he is a Chairman of the outstanding drug and alcohol abuse council in this Nation.

I have been at several of his national meetings over the years. In my opinion, he is most respected at the State level in leading this particular drive.

Jerry, we really appreciate your appearing here today and your zeal in getting something done about this bill.

Thank you very much, Mr. Chairman.

Senator GORE. We are delighted to hear from you.

Please proceed.

STATEMENT OF WILLIAM J. McCORD, DIRECTOR, SOUTH CAROLINA COMMISSION ON ALCOHOL AND DRUG ABUSE

Mr. MCCORD. Thank you, Mr. Chairman, and thank you, Senator Hollings. I feel about my zeal almost today after reading the article in the "Washington Post" this morning that my cup sort of runneth over—no pun intended.

I come to you, Mr. Chairman, as a practitioner of 30 years in this field, where I started out in the State of South Carolina because of the leadership then of Senator Hollings, then Governor Hollings, and then-Governor Thurmond and his leadership. I want to commend you for continuing to show the kind of enlightened leader-

ship that is characterized by your remarks, your activities, and your accomplishments in the field of alcohol and other drug control.

I came with a two member staff and a $20,000 budget, and this last year, our system saw 50,224 individual South Carolinians, over 1.5 percent of our total State population, who got direct intervention or treatment services for alcohol and other drug addiction or abuse—alcohol and other drug addiction and abuse.

Four out of five of that 50,000-plus South Carolinians were primarily addicted to or were abusing the drug alcohol, with a great preponderance of those receiving their alcohol from an alcoholic beverage that is not even labeled as intoxicating in the State of South Carolina, and that is malt beverages, more commonly called "beer."

This brings to a total of over a quarter of a million people seen in the last six years in our system, our community-based system alone, Senator. The tale is the same: basically people who are addicted or abuse, not necessarily in the chronic stages, are grossly ignorant—grossly ignorant—not just ignorant of the basic facts about alcohol as an addictive drug and the consequences to the health and safety of individuals who use it, but also the negative consequences to the public at large, whether they use alcohol or not.

That is what elevates alcohol as this Nation's number one health and social problem, ahead of tobacco.

As you know, Senator, I am not a teetotaller, myself. I am a Presbyterian. We are allowed that privilege. And, until this last year, I owned tobacco acreage, Senator Ford, so I know what you are talking about.

We don't have any coal problems, Senator, but we do get a lot of acid rain.

You know, I came here nine years ago to the first Senate hearing on labeling. I want to say this about Senator Thurmond. We are proud of our counterpart to Spuds MacKenzie, because there are two bulldogs in this field, and the persistence and the courage of that man, for 19 years of trying to bring about what is honest, what is factual, to the American public is commendable. I am proud to have him represent me, as I am proud to have you represent me.

I am particularly proud of the fact that Mr. Conyers and Mr. Thurmond have come together in a highly bipartisan fashion to say the real value is the value of a human life, not the value of the profits to be made because of one thing or the other.

Those people we see in South Carolina, they don't know that alcohol is an addictive drug, even though they go through severe withdrawal when we detoxify them. They don't know that alcohol is related to high blood pressure, stroke, cancer, heart disease—and you and I know of some very good friends who have died because of that, Senator, which we have discussed before.

They don't know that alcohol used in combination with other drugs is the number one reason in drug admissions to emergency rooms in South Carolina and around the Nation.

They don't know that last year, 207 children were born in South Carolina with fetal alcohol damage, with a conservative lifetime

pricetag of $245,000 that the public must pay to maintain them—a cost of over $51 million per year that we assume. Then we get a new generation and a new cost every time a new generation, a new class, is born. They don't know that.

In recent surveys over the country of high school seniors conducted by the University of Michigan with the National Institute of Drug Abuse, we know that over 87 percent of high school seniors knows that cocaine now is a significant risk when you use it; and 78 percent of high school seniors in this country knows that marijuana represents a significant risk. But only 26 percent knows that alcohol represents a significant risk if they use it daily.

Why don't they know it?

It is not just the absence of facts. They have been the victims of a generation of bombardment of promotion and advertising messages that say young people, to have fun, to make out, to be successful, to be sexy, to be macho, to have fun, to have fun, to have fun you have to use alcohol.

This social learning has conditioned them that they think life is almost intolerable without it by the time they become an adolescent. This is why we pay such an awesome price in losses, human and economic, particularly with our young people.

Dr. Gordis has addressed this from a scientific standpoint. From a practical standpoint, as a practitioner, all of these labels are not only justified, they are essential.

In ten years of inaction—and please do not take this personally, but the waffling, wimpish, leadership stance we have had from the Federal regulatory agencies is significant testimony that they are under the influence themselves of the regulated industry. There is no question. The evidence is here. We have had it for ten years.

I read it ten years ago in the Surgeon General's Report on Health Promotion and Disease Prevention report by then-Secretary Califano of HEW, in the forward to that study, it pointed out that approximately 10 percent of all deaths in the United States in a given year are directly alcohol-related—not bubble bath related, not aspirin related, not saccharin related. We know it. The fact is that most of those people die without ever having known the facts. We don't need to talk about education of the public—we need to talk about reeducating and giving the proper balance to offset the advertising messages.

That was ten years ago.

Today, in the written testimony, and in my personal opinion, it is incomprehensible that the placement of health and safety warning labels on all alcoholic beverage containers remains an issue for debate today.

Mr. Chairman, we don't need more study. We don't need more time. We need more action, and we need the kind of leadership in the Federal institutions that people cry out for and that many people die for.

In the last ten years, since Secretary Kennedy from FDA came out and asked for warning labels, this country has lost over $1 million and over $1 trillion in economic loss directly related to alcohol abuse.

The time is essential. We have to balance the act. If a society legalizes this drug and uses it as a major source of revenue for its

general fund and other programs then we have a moral—the government has a moral and ethical responsibility to be honest about the nature of this drug.

This is a symbolic step of bringing balance to the awesome educational and promotional effort that is ongoing. We do a good job in South Carolina. Alcohol abuse is recognized as the number one human service problem in that State, far surpassing all other human service problems in a survey just recently accomplished.

The abuse of other drugs is number five.

It is time we get this in proportion, and its time is now.

Thank you.

[The statement and questions and answers follow:]

STATEMENT OF WILLIAM J. MCCORD, DIRECTOR, SOUTH CAROLINA COMMISSION ON ALCOHOL AND DRUG ABUSE

I have been invited here today to participate in this governmental panel in support of S. 2047 as introduced February 4, 1988, by Senator Strom Thurmond of South Carolina. The testimony I will be presenting is in behalf of the South Carolina Commission on Alcohol and Drug Abuse (SCCADA), the alcohol and drug abuse authority for the State of South Carolina.

I must also tell you that I am a long-standing, active member of two national organizations, the National Association of State Alcohol and Drug Abuse Directors and the Alcohol and Drug Problems Association of North America, whose memberships represent governmental agencies responsibile for alcohol and other drug programming at the federal, state and local levels. These two organizations have supported the concept of alcoholic beverage labeling since 1979 when the memberships approved resolutions addressing the issue.

Before I get started, I want to thank Senator Thurmond for his continued leadership in the fight against alcohol and other drug abuse. Specifically, I commend him for his efforts to stand up to the alcoholic beverage industries and for his preserverance of this legislation to require health and safety warning labels on al alcoholic beverages. It is gratifying to know that since Senator Thurmond first introduced alcohol warning label legislation 19 years ago, this effort has gained strong bipartisan support in Congress as well as great attention in the national media. In addition, an overwhelming coalition of more than 100 leading health and safety groups, including the National Council on Alcoholism, Inc., Center for Science in the Public Interest, American Academy of Pediatrics, American Medical Association, National PTA and Mothers Against Drunk Driving, have joined together to counteract the pressure of the alcoholic beverage industries and to mobilize grassroots support for the legislation.

I also want to thank Senator Ernest F. Hollings of South Carolina for inviting me here today. His support of this legislation is extremely critical since he serves as chairman of this Senate Committee which currently has jurisdiction over the pending health and safety warning label legislation.

As the senior state alcohol and drug abuse program director in the United States, I have been involved in this field since 1958. In 1959, I became the director of South Carolina's alcoholism program which was later merged with the state agency for narcotics and controlled substances. At that time, my responsibilities were expanded in scope to include programming aimed at both alcohol and other drug use and misuse. Throughout my career, I have been committed to the development and implementation of a comprehensive, statewide service delivery system which provides primary prevention, intervention and treatment services to the residents of South Carolina.

During fiscal year 1987, this system provided more than 1.2 million hours of primary prevention activities to 347,526 individuals participating in 16,016 different events. In addition, 43,761 persons received services through the state's intervention and treatment programs. In fiscal year 1988, this figure jumped to 50,242, which represented approximately 1.5 percent of the state's total population.

Although effective alcohol and other drug programs must address primary prevention, intervention and treatment issues, I will focus mainly on primary prevention activities here today. Bascially, primary prevention programs are designed to educate our citizens in order to promote overall health and wellness; to delay the age of onset of experimentation with alcohol and other drugs; and to avoid the de-

velopment of problems related to the use of alcohol and other drugs. Therefore, these programs are designed to reach people who are currently abstinent as well as those who are currently using.

During the past decade, I have witnessed much more attention than ever before focused on educational efforts targeting the problems related to the nation's current drug epidemic. This is indeed good news. But the bad news is that depite widespread publicity and a multitude of educational campaigns touting the dangers of drug use, alcohol remains the overwhelming drug of choice among person of all ages, particularly young people. In fact, alcohol abuse and alcoholism represent the number one helath and safety problem facing our nation today.

It's no secret that alcohol is involved in nearly one-half of all accidental deaths, suicides and homicides that occur each year in this country and that nearly one-half of all convicted inmates were under the influence of alcohol at the time they committed their particular offense.

Alcohol abuse and alcoholism contribute to between 100,000 and 200,000 deaths a year and cost the U.S. economy more than $120 billion a year. In fact, the use of this drug causes more death and destruction in the lives of persons of all ages, and among young people in particular, than the use of all illegal drugs combined.

Yet, as a society, we still refuse to face the fact that alcohol is a drug. Our society is experiencing what we in the treatment field call "denial," as we trivialize the role that alcohol plays in our nation's current drug epidemic and dramatize the role of other drugs.

In my opinion, it is incomprehensible that the placement of health and safety warning labels on all alcoholic beverage containers remains an issue for debate today. It is hard to understand why the appropriate labeling of a drug which is the most widely used and abused of any in the United States has not been addressed long before this time.

We have waited much too long for the alcoholic beverage industries to voluntarily place this information on all alcoholic beverage containers. Since 1977, when Food and Drug Administration (FDA) Commissioner Donald Kennedy first recommended such labels, more than one million people have died from alcohol related problems—one fourth of which were due to drinking and driving. The economic costs in that 10-year period alone have also been staggering—surpassing $1 trillion!

Almost nine years ago, on September 14, 1979, I presented testimony to the Subcommittee on Alcoholism and Drug Abuse of the U.S. Senate Committee on Labor and Human Resources. As some of you may have guessed, my testimony at that time was similar to that which I am providing today.

Although I hesitate to quote a popular cigarette advertisement, I use the slogan, "We've come a long way, baby," to illustrate the antithesis of the progress we have made in this effort since that time! Obviously, I am feeling a sense of déjà vu as well as frustration when I say that this issue is no longer debatable. Nor are the potential dangers which will be addressed by the five individual labels.

Years of research and practical experience have clearly demonstrated that: (1) the consumption of alcoholic beverages during pregnancy can cause mental retardation and birth defects commonly known as feta alcohol syndrome or fetal alcohol effects; (2) alcohol does impair one's ability to drive an automobile or operate machinery; (3) alcohol should not be used in combination with some other drugs; (4) alcohol can increase the risk of hypertension, liver disease and cancer; and (5) alcohol is a drug which can be addictive.

The five proposed labels present these *proven* risks associated with the use of alcoholic beverages, ranging from birth defects to auto crashes. They address the facts, pure and simple.

However, since there are still those who continue to question the need for such legislation, I would like to take a few minutes to present some facts relevant to and in support of each individual label.

The first proposed label reads:

Warning: The Surgeon General has determined that the consumption of this product, which contains alcohol, during pregnancy can cause mental retardation and other birth defects.

In South Carolina in 1987, an estimated 207 children were born with full or partial fetal alcohol syndrome, which along with Down's syndrome and spina bifida, is one of the three leading causes of birth defects and mental retardation in the United States. The lifetime cost of care and treatment (remedial education; hearing, vision and speech correction; institutionalization and home care; etc.) for these children was conservatively estimated at $245,388 per child in 1987, for a total of $51 million per year.

FAS is the only one of the three leading causes of birth defects and mental retardation that is totally preventable, but only if women are informed of the possible consequences of drinking alcohol during pregnancy and they respond accordingly. However, recent surveys reveal that only 57 percent of all Americans have ever heard of fetal alcohol syndrome.

The second proposed label reads:

Warning: Drinking this product, which contains alcohol, impairs your ability to drive a car or operate machinery.

In 1986, there were 46,056 highway deaths in the United States. Of these, more than 52 percent were alcohol related. In South Carolina in 1987, alcohol was involved in at least 57 percent of all traffic fatalities. Among young people in South Carolina and the rest of the nation, alcohol involvement in accidents is even greater. Alcohol related traffic accidents are the number one cause of death among South Carolinians ages 15 to 24.

The third proposed label reads:

Warning: This product contains alcohol and is particularly hazardous in combination with some drugs.

First, I must insert an editorial comment here as I say that the wording of this label must be amended to read ". . . in combination with some *other* drugs." As it stands now, this label continues to perpetuate the myth that we are working so hard to dispel.

At the national and regional (Atlantia) levels, the largest single category of emergency room visits for drugs other than alcohol is actually for "drugs in combination with alcohol," especially alcohol and prescription tranquilizers. Health costs for alcohol related problems are estimated to be between 12 percent and 20 percent of the total health care expenditures in the United States and the Southern region.

The fourth proposed label reads:

Warning: The consumption of this product, which contains alcohol, can increase the risk of developing hypertension, liver disease, and cancer.

Alcohol is a causal factor in many diseases other than cirrhosis, such as mouth, intestinal and other cancers; disease of the pancreas; etc. Alcoholism is also known to contribute to other fatal diseases including cardiac myopathy, hypertensive diseases and pneumonia.

Alcohol ranks second only to tobacco as a cause of disease and death. At the national level, tobacco is responsibile for approximately 17 percent of all deaths each year. Alcohol is responsible for approximately 10 percent. By comparison, drugs other than alcohol (not including alcohol/other drug combinations) may be responsibile for approximately 2 percent of all deaths each year.

The fifth and final proposed label reads:

Warning: Alcohol is a drug and may be addictive.

U.S. Surgeon General C. Everett Koop recently reported that nicotine is addictive. Using the same criteria, such as physiological changes, psychological cravings, etc., alcohol also is clearly an additive substance. By far, alcohol is the number one drug of addiction.

In 1985, almost 18 million people ages 18 years and older were alcoholics or experiencing problems related to their use of alcohol. In South Carolina in 1987, the number of admissions for treatment of alcohol problems was almost 12 times greater than the number of admissions for treatment of problems resulting from the use of the second-place drug, cocaine.

This label is especially important since it would dispel the notion that some alcoholic beverages are innocuous. For example, some of the new "cooler" products barely taste of alcohol but contain more than beer. In many states, you can walk into the local grocery store and find alcoholic beverages on the fruit juice shelf with names that give no hint that the product contains alcohol.

And on beer labels, there isn't a single word to indicate that the contents are alcoholic. Many people, especially teenagers, think a can of beer is "safer" than a rum and Coke, even though the two contain equal amounts of alcohol. But evidence has demonstrated that beer is not harmless. Studies consistently show that most nonabstainers prefer beer and that beer drinkers reach higher levels of intoxication in a typical, social drinking situation than do drinkers who prefer wine or distilled spirits. In addition, drivers who prefer beer are more likely to drive while intoxicated and less likely to consider it as a serious offense than those who prefer wine or distilled spirits. Beer drinkers are also overrepresented among fatally injured drivers who had been drinking.

In South Carolina, approximately $176 million are collected each year in tax revenues from the sale of alcoholic beverages, a portion of which goes to fund alcohol and other drug primary prevention, intervention and treatment programs. While the public can be considered as a beneficiary in this regard, the costs associated with alcohol abuse greatly outweigh the benefits derived from these tax revenues. For every one dollar collected in tax revenues, the states loses $10.39 as a result of alcohol abuse.

If the American public is to continue to be both the beneficiary and the victim of the drug alcohol, then this same public has the fundamental right to be informed about the potential dangers relative to its use, much as cigarette smokers are alerted to the potential dangers related to the use of this product. Quite simply, drinkers should be alerted to the risks of alcohol, just as consumers of bubble bath, over-the-counter drugs and other products are told about the health risks of those products.

While the alcoholic beverage industries deride the usefulness of warning labels, the U.S. Public Health Service said, "Studies which have examined the impact of health warning labels in 'real world' situations have conculded that the labels did have an impact on consumer behavior." In addition, a Gallup Poll found that almost 80 percent of the American public favors a federal law mandating health and safety warning labels on alcoholic beverages. Seventy-five percent also favor such messages on television and radio stations which carry beer and wine commercials.

But alcoholic beverage producers certainly don't want consumers to associate drinking with mental retardation, alcoholism, cirrhosis of the liver or death on the highways. So, instead of informing the public about the health and safety risks, they bombard us with $2 billion worth of slick promotional campaigns each year which do much more than promote particular brand loyalty; they sell the assumption that drinking is not just safe, but essential to a happy, successful life.

In my opinion, it makes sense that those who spend $2 billion each year to market the most abused drug in America should at the same time provide consumers with factual health information on its adverse consequences.

In conclusion, numerous local, state and national groups and organizations have publicly stated their support of this proposed legislation. The SCCADA has endorsed the concept for years as evidenced by my testimony in 1979. The agency endorses it more adamantly today.

In pursuit of this goal, the SCCADA adopted in January 1987 "The Alcohol Policy Bill of Rights," which was adopted from the document of the same name as developed by the Alcohol Policy Council of the National Association of Public Health Policy. This document encourages the use of public policies regarding alcohol availability and consumption so as to minimize the risk of misuse (see Attachment 1). Among other things, the policy specifically calls for "The Right to Know" which says, "Consumers have the right to accurate and easily accessible information about alcohol, including the rights to alcohol warning and beverage ingredient labeling, so the consumer knows the potential health risks of alcohol."

I am not so naive to think that these proposed health and safety warning labels along will resolve our society's tragic problems associated with the use of alcohol. However, they represent a critical component of a comprehensive national effort to increase public awareness of the consequences of alcohol abuse.

We have a long way to go toward educating the public about these potential devastating effects. But one thing is certain. We cannot continue to promote "Just Say No" messages targeting illegal drugs, and at the same time, promote "Just Say Yes" messages regarding this legal drug, alcohol, especially among our youth where it, too, is an illegal drug.

After waiting more than a decade for the alcohol industry to heed the recommendations of the FDA, Congress should act now to warn the public about the potential risks associated with the use of alcoholic beverages. I feel strongly that the government which uses this drug as source of revenue also has a moral responsibility to that same public to keep it informed. The issue is that simple. It is a matter of honesty and openness. It is an issue of individual as well as governmental responsibility. It is an issue which deserves no more discussion, but action!

Through educational efforts such as the five proposed rotating health and safety warning labels, we can begin to eliminate some of the mixed messages and misconceptions that our society has for years been too willing to accept.

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

1. As a state official, do you believe the states and Federal Government work closely together in countering the effects of alcohol? What else could be done?

Historically, states and federal programs have had close working relationships since the state alcohol and drug abuse authorities were constituted by Federal Legislation Acts 91-616 and 92-255. These acts created the National Institute of Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. Formula grants from these two agencies required that state alcohol and drug abuse plans be developed and approved yearly by the federal government before formula grant monies were authorized for expenditures. Cooperative activities between the states and federal health counterparts have continued to be positive and mutually reinforcing but this has not true with the Bureau of Alcohol, Tobacco and Firearms (BATF). As stated in my testimony, I feel the BATF does not relate to states or to their federal health and education counterparts. In many cases, their messages, philosophies and actions are inconsistent and conflict, particular their stand on the health and safety warning labels issue.

Since alcohol is this nation's number one drug of abuse and is considered a food, I feel that the regulatory responsibility should be handled by the Food and Drug Administration. The alcoholic beverage industry exercises far too much control over the BATF's decisions.

The creation of a supply and demand reduction task force to look at alcohol abuse should be set up at both the federal and state levels. This task force would coordinate and plan efforts with education and treatment persons and the regulatory agencies that deal with supply reduction at the state level, i.e., alcoholic beverage commissions and law enforcement organizations.

2. You say that alcohol labels will be helpful as part of a larger educational effort to raise public awareness. What other efforts has your department undertaken, and what efforts by other states do you know about to address these problems?

Public education relating to alcohol abuse has been a program priority for the South Carolina Commission on Alcohol and Drug Abuse since its inception some 30 years ago. We have a system of county alcohol/drug agencies responsible for the coordination and implementation of alcohol and drug abuse education, prevention, intervention and treatment services at the county level throughout the state. In each of these county programs, there is a primary prevention coordinator whose sole responsibility is to develop community education and organizational efforts to change the knowledge, attitude and, consequently, the behavior of communities and how they relate to the issue of alcohol and drug abuse.

In a poll recently conducted by the South Carolina Health and Human Services Finance Commission, some 1,200 people saw alcohol abuse as the number one human service problem in this state (see Chart 1). I think this is testimony to the effectiveness of an aggressive alcohol education program. Similar efforts have been accomplished in other states, but the principel alcohol abuse thrust with the National Institute of Alcohol Abuse and Alcoholism and other groups have focused on the treatment of the victim, not the prevention of the problem. This has been especially true in the allocation of funds.

Only in recent years has the issue of prevention of alcohol abuse become a major policy issue at both the federal and state level. State alcohol and drug abuse authorities have organized a national prevention network that works closely with the National Association of Alcohol and Drug Abuse Directors. The National Prevention Network's (NPN) membership is made up of prevention workers from the 50 states and territories. The NPN membership share information, strategies and also work cooperatively in addressing national prevention activities and campaigns.

3. Your testimony suggests a correction in the wording of one of the labels in S. 2047, relating to use in combination with drugs. Do you believe that the other labels are correctly worded?

My testimony referred to the term alcohol and other drugs. This is the terminology used by this commission and throughout South Carolina. The message sets aside the misconception that alcohol is not a drug. "Alcohol and other drugs" should become the common language used in legislation and labeling.

The other label I have difficulty with is the one that says alcohol can be addictive -- alcohol is an addictive drug. The idea that it may be addictive is a soft statement.

4. Your testimony mentions the fact that beer does not have any notation that it contains alcohol. Four of the five labels in S. 2047 specify that the product contains alcohol. Based on your testimony, is it correct to say that you feel this is an important component of the label?

I definitely feel that the fact that four of the five labels on S. 2044 specify that the product contains alcohol is a step in the right direction. I tried to point out in my testimony that beer or malt beverages account for more than 50 percent of all the alcohol consumed by the American public and yet it has no content labeling that says in contains alcohol or how much alcohol. Studies done in this state show wide variations and little standardization in the amount of alcohol by volume in the various brands and batches of beer. I think this is one reason that beer has been considered a soft drink. The absence of any reference to alcoholic content, from a consumer standpoint, is an omission which should be corrected.

5. I am familiar with an article which show that some wine coolers are packaged in a manner identical to fruit drinks, in disposable cartons with straws attached to them, and that these wine coolers are (as you say) displayed next to fruit juices. Would the label sin S. 2047 really work if such packaging practices are continued, or does there also need to be a change in these practices?

The inclusion of a health and safety warning label on fruit coolers (note, I said fruit coolers and this is taken from the advertising lingo which seldom refers to the fact that wine is included) would identify wine coolers as an alcoholic beverage. The possibility of some type of restrictions against alcoholic beverages being displayed and promoted as soft drinks in retail outlets serving the general age population should be considered. The inclusion of warning labels would not correct this issue but it would certainly not harm it and would certainly exposed the fact that alcoholic beverages are being promoted as soft drinks and fruit juices.

Senator GORE. Thank you very much.

Mr. Drake, Mr. McCord has said that the Reagan Administration is under the influence of the industry and its attitude toward this issue. I don't want in any way to embarrass you personally, so don't take my questions that way.

But it is a fact that the statement you have presented here this morning is not really BATF's position, isn't that right?

Mr. DRAKE. Not totally, Senator.

As you know, the policy is that we clear our statements through the Department and also through OMB.

I have had no direct contact with OMB, so I am not really sure what went on. But the changes made between the statement we sent there and what they sent back were not significant. They were not substantial.

In other words, they did not turn us around from any kind of direction that was going to say yes, we support it or no we do not. We were saying basically the same thing: we are in the middle of a study that should get some more information upon which to make a decision. If anything, the changes that came back from OMB were more positive. In fact, they added Secretary Bowen's quotes in there, to have us present them here to your Committee.

Senator GORE. Did BATF recommend that the idea of warning labels be endorsed?

Mr. DRAKE. No, sir, we did not.

Again, regarding Mr. McCord's earlier statement, the 1980 study that was done with HHS and Treasury involved an awful lot of groups—there was the North Conway Group, pediatrics; we met with 15 or 16 groups over a lengthy period of time. The general consensus was that while warning labels could be a part, education of the society and education of youth was a more important part of it all; that the warning label may not stop the problem. They did not reject it. It was not rejected as a part. But it was not the key focus of that group.

That was nonpolitical, that was nonbureaucratic. That involved the citizenry.

Senator GORE. Well, according to the article that has been referred to by several witnesses, BATF did not recommend that this particular bill be endorsed, but that the concept of alcohol warning labels be endorsed, with the specific language to be left to the Executive Branch.

Are you saying that that is inaccurate?

Mr. DRAKE. Yes, that is inaccurate. We have not done that yet. We have taken the position right along that until we finish this study—which is one of the better ones, I believe——

Senator GORE. Do you have preliminary results of the study?

Mr. DRAKE. Very, very preliminary.

We have two contractors, Senator. One is a major contractor that is reporting to us, actually running the contract. They did some focus group studies in Columbus, Ohio and Los Angeles, California—about eight different groups with about eight people each—to get a feel for what the population may know about and may think about alcohol consumption-warning label relationships.

From that, we are going to Opinion Research Corporation—have gone to Opinion Research Corporation—in Princeton, New Jersey, which is doing a nationwide survey, developing the questionnaires coming off the focus group study.

Senator GORE. Do you have preliminary results of the polling?

Mr. DRAKE. No, sir, we have not.

The only preliminary results that we have are off the focus groups, which were just used to develop the questionnaires.

Senator GORE. And the study will be available in November of this year, is that correct?

Mr. DRAKE. That is the target date, and we are currently on target.

Senator GORE. You are on target?

Mr. DRAKE. We are.

Senator GORE. So you do believe it will be available at that time?

Mr. DRAKE. Yes, sir.

Senator GORE. You have regulatory jurisdiction over alcoholic beverages, including labelling. You say that some label requirements are currently in place. Do you anticipate any others being required?

Mr. DRAKE. As different ingredients or different elements of the product are identified as being potential health hazards, and as we go through the rule-making process which is required, as you are well aware, in the Administrative Procedures Act, if it is sustained and established that they are, in fact, health hazards, we will require that labelling.

Senator GORE. My time is running out, but before it does, let me ask you this, Dr. Gordis.

In 1981, Surgeon General Koop issued a health advisory regarding alcohol consumption by pregnant women. Since then, has FAS increased or decreased?

Dr. GORDIS. I think it is a bit down, although I would be happy to supply the exact figures for the record.

Among the various complications of alcohol misuse, I think the educational work that has been going on with the fetal alcohol syndrome has probably been one of the more effective ones.

On the numbers of fetal alcohol syndrome births, the current estimate is 1-3 cases per 1,000 live births nationally; among those who are using alcohol heavily, the prevalence of alcohol-related birth defects is about 23-29 cases per 1,000 live births.

Senator GORE. But the studies indicate that a very large percentage of pregnant women are really not aware——

Dr. GORDIS. That's correct.

Senator GORE [continuing]. Of this problem. Isn't that correct?

Dr. GORDIS. That is absolutely correct. And, of course, even if it were only a minority of pregnant women who did not know that, that would be something that we should be worried about.

Senator GORE. What should they know? Should they be told not to drink at all during pregnancy?

Dr. GORDIS. My recommendation is exactly parallel to that of the Surgeon General and of the Secretary, and that is all drinking during pregnancy is a bad idea.

Senator GORE. All right. My time is up.

Chairman HOLLINGS.

The CHAIRMAN. Thank you very much.

Mr. McCord, you did not let us down. Let the record show that your statement was impromptu, and there is no doubt about your conviction.

Mr. Drake, what would you really find in that poll that you don't already know?

Mr. DRAKE. Whether or not the population sees a need for and would react to the warning label. Is it a valuable piece of information.

The CHAIRMAN. Are you serious about that?

Let's say that the population reported back that they saw no need and would not react. Then you would recommend that we not label it? Is that what you are telling us?

Mr. DRAKE. If that would be the result of the study, Senator, yes.

The CHAIRMAN. And that is just like a political poll—just ask everybody and see what they say.

Mr. DRAKE. Hopefully, the Opinion Research Group out of Princeton, New Jersey, will make this a statistically valid survey.

The CHAIRMAN. Statistically, who are they polling? Is it doctors or people that know anything about health, or just the population generally?

Mr. DRAKE. It is going to be a random selection, Senator, and I am not sure what population will be selected. It's very extensive.

The CHAIRMAN. Well, you have already heard that the population is ignorant. Do you think if I ever took a poll—like I passed the sales tax in South Carolina for education. Do you think if I took a poll, that I would get a yes, whoopie, let's have a sales tax? Huh?

I passed that back in 1950, 38 years ago. It's the best thing we ever did, so we could carpetbag some of these fellows around here and bring industry in.

But I never waited around to take a bloomin' poll. I was not that stupid.

I mean, come on. You hear all the medical evidence. You hear all the practical results. You hear Secretary Califano, Secretary Bowen, everybody coming right on down the pike. They have found it is a hazard to health. And now you want to go out just generally and start taking a political poll?

Mr. DRAKE. Senator, I don't think it is a political poll to start with.

Second, we are dealing again——

The CHAIRMAN. What kind of poll are you taking?

Mr. DRAKE. It would be a poll of the consumers.

The CHAIRMAN. Of the population—that is a political poll.

Mr. DRAKE. We see it differently than that.

The CHAIRMAN. That is the body politic.

Mr. DRAKE. Yes.

The CHAIRMAN. So you will just randomly go and take different people of different ages, men and women, minorities and whites, and otherwise, like that, and come in with a poll, and you'll have that poll, and if it comes out that we don't think that the label did any good and we don't need the label, then you would not recommend it.

Is that what you are telling this Committee?

Mr. DRAKE. That would be a factor to be considered. That would be a factor that would have to be considered. Yes, sir.

The CHAIRMAN. And you would ignore all the rest of the testimony of the Secretaries, the medical evidence, and all the other studies that we have ever had? You would just ignore that? But you would relate it just to an opinion research political poll.

Mr. DRAKE. No, sir, I do not think it is fair to say that we would ignore that.

The CHAIRMAN. But you are ignoring it now by having a further study. After ten years, you are still studying.

Mr. DRAKE. We were requested to do that by the Senate, sir. That wasn't ours. We didn't initiate that.

The CHAIRMAN. All right. Thank you very much.

Senator GORE. Thank you.

Senator Ford.

Senator FORD. Let the record reflect that I voted no on that.

Dr. Gordis, we won't have very long before we have to run to cast a vote.

You referred to cirrhosis of the liver. I guess that would be cancer of the liver?

Dr. GORDIS. No. A cirrhosis is a chronic inflammatory disease of the liver, which leads to permanent scarring and great interference with the function of the liver and its circulation.

Senator FORD. And possible loss of the liver and the consequences that follow.

Is the incidence of cirrhosis of the liver up or down in the last ten years?

Dr. GORDIS. It seems to be slightly down, by a few percentage points. We cannot tell whether that is a random event, which will get worse again, or whether it is due to any kind of intervention.

Senator FORD. How can you tell whether it is going to be a random event? You are saying that it is down. I don't quite understand that. It is almost like the political poll.

Dr. GORDIS. No. I think the evidence that the deaths from cirrhosis are down by a few percentage points is quite correct. I am saying that, unless one follows these things for a period of more years, one does not know whether it is an occasional fluctuation or whether it is a systematic thing. I think we will have to watch it longer to know that.

Senator FORD. Fine.

We are talking about polls here and you have statistics, rather than polls and findings. Is the use of alcoholic beverage up or down in the last ten years between the ages of 16 and 25?

Dr. GORDIS. The one drug in which there is no significant change in use by high school students is alcohol.

Senator FORD. Now, when you say "alcohol," is that distilled spirits, is that wine, or is that beer? Or are you just putting alcohol all in the same group?

Dr. GORDIS. It depends in which topic you are discussing this, Senator.

If you mean are there different choices among different age groups, that tends to be correct. In general, the younger kids are drinking more beer than the adults.

As far as the toxic consequences of these drinks, in general, however it seems to be immaterial in which form the beverage is taken.

Senator FORD. So, you say the younger folks like beer. What about the working class, when you get beyond that age, say those 25 to 50? Do you have that down in the categories as it relates to the various forms?

Dr. GORDIS. I don't have it from memory right now, but I would be very happy to provide you that data for the record.

Senator FORD. If you do that, I think it would be important that we factor into our consideration here how to do it.

[The following information was subsequently received for the record:]

According to a November 1985 Gallup Poll, 60 percent of all men prefer beer, 22 percent spirits and 18 percent prefer wine. Among women 44 percent prefer wine, 31 percent beer and 30 percent spirits. If we break that down by age groups, 62 percent of persons in the age group 18 to 24 prefer beer, 24 percent wine and 17 per-

cent spirits. For the age group 25 through 29 the percentages are roughly the same. For the group 30 to 49, 45 percent prefer beer, 31 percent wine and 26 percent spirits.

You may have noticed that in some cases the percentages add up to over 100 percent. The reason is that Gallup double counted an individual if that person indicated he or she drank beer and wine with the same frequency.

Senator FORD. Now, in the medical profession, every once in a while you get a bad cold or something and you get a prescription, and there is a red label across that "Do not use alcohol" while you are taking this and refrain for 24 hours after the last dosage.

Is that educational enough? Is that part of the educational program?

Dr. GORDIS. I think it is a component and it is certainly useful to have it. I don't think one can say that that is the whole picture of what is needed in education, but it certainly is a useful thing for a patient to know that.

Senator FORD. What I am trying to do is to get to the point of the education, where we talk about cocaine and that sort of thing. Emphasis has been placed on this at the White House, on cocaine and on "just say no, 'and we see athletes who have expired as a result of use of drugs, and that has been a picture that young people have seen. They back away from it.

I have seen some horrible films in other ways, and you have also, too, and you have seen individuals on that basis.

How do we get to the education? Some states have a sign out in front of the store, saying that any product in here has such and such a problem, and they have to read that sign to get through the door. When they get a bottle off the shelf and they have a label about that size (indicating), they never read the label to see really what is in it.

We are not talking about ingredients, now. We are talking about a warning label.

How do we educate beyond the warning label?

I am of the opinion that warning labels are all right, but I am not sure that we are getting to the source or the core of the problem that is laying out there that we want to get to.

Dr. GORDIS. You are asking a question, of course, which covers complex territory.

As far as the prescription drugs, I think it is important to note that the studies I know about have shown that a large majority of patients actually are quite attentive to the labelling of prescription drugs and to the informational brochure which is required to be included with them.

So, from that point of view, that is one kind of labelling which turns out to be reasonably effective. That evidence is there pretty clearly.

But the more general question you are asking is "How do we do the general job of educating the public on alcohol?" That will take a long time to go into.

But I think the warning labels are only one component of that, as you obviously are aware.

We have the issue of documentaries. We have to encourage the media, I think, to participate in this. There is room for education within the schools.

I think the public is interested in matters of science and medicine and many of the newspapers in our country are beginning to do a better job on that.

The Secretary, as one of his initiatives, as you know, has established a National Commission to address the issues of alcohol in this country, and one of the main charges among those initiatives has to do with improving our communication about alcohol and educating the public.

You have chosen a large chapter heading, and I think in the interest of time——

Senator FORD. Yes, and we have to go and vote. When you are in town and you miss a vote, that is a no-no, which is just more than a plain "no. '

One quick question.

Are the alcoholic related accidents on the highway up or down in the last ten years?

Dr. GORDIS. There is evidence that in those States which have had some effective drinking driver age kind of legislation, there has been an effect on youthful highway deaths.

Senator FORD. And so they are reduced with that education.

Dr. GORDIS. In those States with that kind of legislation, it is down.

Senator FORD. How does "Big Brother"— and I am not going to wait for the answer on this because we are both going to have to run—how does "Big Brother" instruct the States?

Here is a man who is head in a State. How do we instruct the States as it relates to education? How do we get out there and educate? How do we bring that into focus, mandated by the Federal Government?

You know, we are putting on a label and doing all of that. We have experience with cigarettes. But how do we get to the educational thing?

I don't know how many people who smoke look at the package.

Mr. MCCORD. May I respond to how we affect it?

Senator FORD. I have to go now and I think the Chairman would like to have this in the record.

Mr. MCCORD. I would like to get this into the record. One is get the components of the Federal establishment to talk to each other and not to rediscover the wheel, which we discovered ten years ago, and affect the policy.

Senator FORD. Listen, when you get beyond the Beltway here, this is 72 square acres surrounded by reality, and out there you are talking about reality. Up here, it is hard to get.

Mr. MCCORD. Education is the least costly commodity that we provide in this field, and we have scant money coming down from Washington to support that education.

But we have to realize that we are competing against $2 billion a year of an educational message that is out there that has been described by other speakers.

One thing that won't cost a penny, except the legitimate cost bourned by the industry, is labelling. That is a basic part of education. It is like a jig-saw puzzle, Senator. This is one part. It will not do magic. It will be one part of the puzzle, which will continue the sobering of America, which is happening right now.

Senator FORD. Thank you.

Senator GORE. Let me say that we are going to have to recess, but this is going to be a very short recess, and for this reason.

Senator Danforth went over to vote right at the beginning of the vote, and he will be coming back momentarily. So please stay at the witness table. If you want to stretch your legs, fine. But it may be just a matter of one or two minutes before he gets back and he will crank up the hearing again.

We will stand in recess until Senator Danforth returns.

[Brief recess.]

Senator Danforth (presiding). Gentlemen, thank you all for your excellent testimony.

During the vote Senator Gore suggested that I just vote early and then come back so that we can keep the hearing going.

I take it that it is the belief of all of you that it is advisable to have a much greater degree of public knowledge about alcohol use and the problems and threats of alcohol use and abuse, and that the goal that we should pursue is to disseminate information on the use of alcohol and the health effects and safety effects of alcohol use and abuse.

Does anybody disagree with that? Dr. Gordis: No.

Mr. DRAKE. No, sir.

Mr. MCCORD. No.

Senator DANFORTH. Let me give you a hypothetical, then.

Let's suppose, hypothetically, that it turns out that the use of labels is an ineffective way of educating the public, and that there is some other method which is highly effective in educating the public. Under that hypothetical, should we pursue the more effective way, or should we pursue labelling?

I take it that the issue is not labelling in and of itself, but the issue is the most effective way of disseminating the information.

Dr. GORDIS. Are you asking me, sir?

Senator DANFORTH. I am asking all of you.

Dr. GORDIS. If we take a hypothetical situation, where we have overwhelming evidence that labelling is ineffective, obviously nobody would ask for an expenditure of public funds and attention on a totally demonstrably ineffective measure.

However, that hypothesis, interesting as it is to discuss, is not the case. I think you will be hearing testimony from experts on this matter today.

Senator DANFORTH. And I look forward to that. But I am asking the hypothetical here.

Dr. GORDIS. I think, whether it were warning labels or a new drug, if it were demonstrably ineffective, I don't think anybody rational would want to use it. But the fact is that that is not the case.

Mr. MCCORD. Senator, as a health educator—and that happens to be my special training—when you talk about health education, it is not one against the other. Labels, at best, will help and at worst, they can't hurt.

We are talking, basically, about the "equal time theory." I don't want to ban advertising, but give us time to put forward another message.

Senator DANFORTH. So you would say labelling, whether or not it is effective?

Mr. McCord. Absolutely. Whether it is effective or not, it does not have to be proved in the demonstration.

Senator Danforth. Mr. Drake.

Mr. Drake. Unfortunately, I run an organization and I worry about the cost of running my organization. I try to do things that are effective.

If it is effective—it doesn't have to be 100 percent—if it is even partially effective, a little bit effective, I would say yes. If it were ineffective, then I would wonder about keeping employees who were ineffective. I would wonder about programs that are ineffective.

Senator Danforth. Let me ask you, Mr. Drake, about how a labelling program would work in practice. The goal is to inform the public.

Let's take beer sold in a tavern, on tap. The container in which it comes from the brewery is a keg. The form in which it is served to the public is in a glass.

Labelling the keg might be a benign thing to do. But, as far as container labelling is concerned, in that case, it would be the glass rather than the keg that would be the educational device, wouldn't it?

Mr. Drake. Literally interpreting the current bill, you could arrive at that, that each glass, whether it is a beer glass or a martini glass or a cocktail glass would have to have on it a label. That would be one of the problems that we could identify with the legislation. Of course, you are also talking about a tank truck or a tank car with 10,000 gallons in it. It would have a label on it.

Senator Danforth. That's right, any kind of container. Tell me is alcohol transferred in tank cars.

Mr. Drake. Yes, it is.

Senator Danforth. It is?

Mr. Drake. Yes.

Senator Danforth. So that would be labeled. Also, as I read the bill, "sale" is defined as including any other distribution not for sale. So, the offering of a drink to a guest in your home would come within the terms of the statute.

Mr. Drake. I have not analyzed the law that closely, Senator, but if that is what it says, then that is what the implication of it is.

Senator Danforth. In your opinion, would the labelling of glasses and cups, say at the ballpark or wherever, would that be feasible?

Mr. Drake. It would be feasible. But it would be quite expensive. But it would be feasible, surely.

I would suspect, depending on how they would do it, you would almost have to throw the glass away after every use because a label, a paper label, if it were glued on, when you wash the glass, it will come off, or something will happen to it. So I suspect you would end up with a very costly effort there. Otherwise, you would engrave the glass.

You know, it would get to the ludicrous if you carry it to its conclusion.

Senator Danforth. And the same with serving drinks in bars. If the drinks are served in glasses——

Mr. Drake. If that is the interpretation.

Senator DANFORTH [continuing]. Would it be workable?

Mr. DRAKE. If that would be the interpretation. If it were interpreted that a container is a glass, then there would have to be a label on it.

Senator DANFORTH. In a bar situation, would it have any meaning if it were not a glass? In other words, if it were the bottle that the bartender was handling that had the warning label, that would not be very informative as far as the consumer.

Mr. DRAKE. The person consuming the drink would not see the label, no. The person consuming the drink would not see it.

Senator DANFORTH. How about in the home? Would the use of labelling, say, at cocktail parties or dinner parties that people have in their homes, that would not be practical, either, would it?

Mr. DRAKE. It would be unenforceable. I don't think I would want to try to enforce that in someone's residence, Senator.

Senator DANFORTH. So, labelling, really, would have to be defined, if we were rewriting this bill, as the labelling of the container from which it comes?

Mr. DRAKE. Yes. There should be a bottom level here. I think the smallest container that we approve is about 1.7 ounces, to a maximum, say, of four or five liters, someplace in that range.

Senator DANFORTH. But it would have to be the beer bottle that is labeled, or the bottle of distilled spirits that would be labeled. It would not be the glass or the paper cup, practically.

Mr. DRAKE. Yes. That would be our recommendation.

Senator DANFORTH. And also, obviously, it would not be a tank car that would be labeled.

Mr. DRAKE. Of little value, I think.

Senator DANFORTH. Yes, and the same with a keg, probably.

Mr. DRAKE. That would be, again, our judgment.

Senator DANFORTH. Some people in the beer industry would say that oftentimes, when people go to taverns, they buy beer by the bottle. Sometimes they buy it in draft, but, oftentimes, it comes in bottles and in cans, and those bottles and cans would be labeled. But people could go to a tavern and buy liquor by the drink, and those glasses would not be labeled. Some would view that as being unfair or discriminatory.

Can you think of any way to fix that problem?

Mr. DRAKE. You could require, of course, the warning labels to be in the premises where it is sold. In other words, there could be a warning statement in the premises where the alcoholic beverage is sold. That could be a way to make that a little more equitable.

Senator DANFORTH. Dr. Gordis, let me ask you this.

Do you think that public-service advertising programs are useful? Senator Hollings and I introduced a bill to provide for advertising for the drug abuse problem. Is such a public advertising program effective?

In other words, if we had a nationwide public advertising program on the effect of alcohol on pregnant women, would that be a good idea?

Dr. GORDIS. I think it would be effective. Yes.

I have been struck with the actual brilliance by which some of the ads relating to cocaine have been formulated. There are really incredibly creative ads about cocaine which have appeared in many

of our major newspapers, showing people from all walks of life and I think backgrounds in situations where you would not really think they were in trouble, but they are obviously in trouble.

That very potent kind of advertising has not appeared, to my knowledge, in relation to alcohol. But I think it would be a helpful thing. Yes.

Senator DANFORTH. There are also programs on pregnancy. I know that I have seen them on television here in the District of Columbia. I don't know who runs those. But I have talked to health service providers in my home State and would like to get something underway so that pregnant women are told that there are certain things you should do and certain things you should not do if you want to produce healthy babies. Not just alcohol, but also nutrition, for example, and the use of drugs, salt, whatever.

Is that a good concept in your opinion?

Dr. GORDIS. Of course. It is an excellent concept.

There are some states which require that kind of message addressed to pregnant women to be located on the premises of establishments which sell alcoholic beverages. Certainly, communication in the media is something that we would like to see be taken advantage of, in many ways, including the ones that you just specified.

In fact, one of the jobs that the Secretary's new National Commission is going to have in response to his initiatives is mobilizing some of the media for the purposes you have just described.

Senator DANFORTH. Do you think that warning labels, Dr. Gordis, are helpful in matters that are already of public knowledge?

Dr. GORDIS. You are asking about the whole efficacy question, because obviously people know things about alcohol to varying degrees.

Of course, it is far from what they ought to know, but it is not at absolute zero.

As you know, it was the sense of the Senate in 1986 that the National Institute on Alcohol Abuse and Alcoholism do a study on the warning labels. We do not have experience with warning labels on alcohol, because they really don't exist.

And so, the studies were done by analogy with other areas, where there is a good deal of information, and that has to do with saccharin and tobacco, both in this country and elsewhere.

As you will be hearing during this testimony from other people who were involved in that, some of the studies had to do with actually doing laboratory experiments to see what the impact of warning labels would be in a laboratory setting. The others, somewhat cruder in their science but, nevertheless, much more real life, looked at experience in the different countries to see if some calculations could be made about the effectiveness of warning labels.

Your question is very similar there, too. People knew something about saccharin. They knew something about tobacco. So the question is does this add something significant to the general level of knowledge, inadequate as it may be.

The conclusion of that study, which is embodied in the Secretary's remarks, is that in the context of a general educational package for the country, warning labels have a useful role to play.

Senator DANFORTH. Some of the proposed labels are matters that may not be generally known. For example, the birth defects, hypertension, liver disease, and so on. But some probably are pretty well known.

Dr. GORDIS. They vary, that's right.

Senator DANFORTH. For example, "drinking this product, which contains alcohol, impairs your ability to drive a car or operate machinery." That would be public knowledge, wouldn't it?

Dr. GORDIS. I would like to comment on that.

Sure, I think compared to, say, hypertension or breast cancer, that would be much more widely known. But I think what is not known is that you don't have to be at 100 mg percent BAC in order to be at risk for getting into trouble with a vehicle.

I think that the impact of this warning label might be to educate the public on that matter.

Senator DANFORTH. A lot of people feel that smoking is, per se, dangerous; in other words, that there is never a circumstance in which smoking can be in the least bit beneficial; that a cigarette is just plain bad; but that alcohol is of a different sort; that it is not necessarily harmful to the health or dangerous to consume alcohol in any amount.

Do you agree with that or do you disagree with it?

Dr. GORDIS. Yes. The tobacco and alcohol questions are different.

It is a complex matter and I don't know whether you want me to go into that right now. But there are some people who should not be drinking at all. We have alluded to some of them, for example pregnant women. Recovering alcoholics are another group, and we could go down the line.

There are probably others who, once they have embarked on a career of drinking at the rate of one or two drinks a day, probably if they are at that level or remain so, are not going to get into trouble.

On the other hand, even those people who were studied by the group reporting on coronary heart disease, which was alluded to before, those researchers themselves did not recommend that those people who are habitual abstainers begin to drink in order to achieve some protection against heart disease because the risk for the other possible complications, including addiction and so on, far exceed that.

Senator DANFORTH. Certainly nobody is going to prescribe drinking.

But you would not say that in all circumstances, consuming alcohol in any amount presents a danger.

Dr. GORDIS. No, I could not say that.

Senator DANFORTH. Thank you.

Senator GORE (presiding). Well, with regard to pregnant women, you would say that alcohol in any amount is probably a bad idea, is that right?

Dr. GORDIS. Yes.

There are two aspects to this. There is the scientific one and there is the issue of what is the ethical and reasonable prescription as a physician to a woman. The best and safest way to advise a pregnant woman is not to drink at all.

Senator GORE. Actually, what the scientific evidence shows—and please correct me if I am wrong—but actually the scientific evidence supports fully the proposition that drinking above a certain amount causes fetal alcohol syndrome and does not speak authoritatively to the issue of whether or not small amounts of alcohol cause the same damage. But since the uncertainty exists, the best scientific approach is to say that you really should not drink at all during pregnancy.

Is that a fair summary of it?

Dr. GORDIS. Yes, exactly. I could not say it better.

Senator GORE. Well, the line of questioning my colleague pursued with regard to the analogy to tobacco indicates that, at least where the warning label against pregnant women drinking alcohol is concerned, the analogy holds up.

Dr. GORDIS. Absolutely. I think I responded in that way by saying that the danger of moderate drinking would vary from one population to another, and among the two populations I did cite were pregnant women and recovering alcoholics, for whom no drinking is the recommendation.

Senator GORE. Now, in addition to fetal alcohol syndrome, there is a lower level effect called fetal alcohol effects, correct?

Dr. GORDIS. Yes.

Senator GORE. So, again, there are additional reasons for looking at warning pregnant women against drinking alcohol at all.

You know, just in my own experience, I see pregnant women who you would assume keep up with events. You know the people, and they are bright and well informed. They read the newspapers and are right on top of things. And yet, during pregnancy, they will go out to dinner and have several glasses of wine and so forth. It is just obvious that in our society, the message has not gotten out about fetal alcohol syndrome and fetal alcohol effects. People do not know about it.

This is the third leading cause of birth defects in the United States. I can't imagine why people would be against advising or warning a pregnant woman that her unborn child is subject to birth defects, including mental retardation, as a result of this consumption.

Mr. McCord?

Mr. MCCORD. You put that to the whole panel. Let me say that the dissemination of information is not enough to effect change, but the dissemination and the incorporation of information in a collective body of people is the first step to changing attitudes and consequently behavior.

Senator GORE. Yes.

Mr. MCCORD. When I cited that only 26 percent of high school seniors see alcohol as a significant risk, if we can get that up to 75 percent, then you are going to see a change of behavior following.

There is a downturn in the use and abuse of marijuana with high school students today. That was not very apparent when only 20-some percent thought it was a dangerous drug.

So that is the dilemma that we are in. In health education, you have to get the information out first, and then you will find in the years following a change in behavior. Information alone does not change the behavior.

Senator GORE. I wish we did not have so many witnesses so that we could spend more time with each.

Senator DANFORTH. May I just ask another question?

Senator GORE. Surely.

Senator DANFORTH. Dr. Gordis, in addition to not drinking, what else should a pregnant woman be told not to do during her pregnancy?

Dr. GORDIS. The more positive things are important, adequate prenatal care and decent nutrition, and, of course, the mother letting her physician, and not just the obstetrician, know that she is pregnant and, of course, as soon as she does so, he or she can judge whether to use any substances by prescriptions. I think this is positive advice, not negative.

Senator DANFORTH. Should she herself limit her intake? Probably?

Dr. GORDIS. Probably. That is correct. But that is the kind of thing that she will be hearing in the context of good medical care.

Senator DANFORTH. Would she also be told by her doctor not to drink? Wouldn't she?

Dr. GORDIS. I should hope so.

I think our medical profession is quite alert to this.

Senator DANFORTH. Well, what we are talking about is in addition to what the doctor tells her and what we in Congress tell her as a government. Shouldn't we tell her not to smoke and not to eat salt, and to practice good nutrition?

Dr. GORDIS. I think there are people within the health agencies who actually are advising the women exactly to do that.

As far as salt goes, I think that is part of a detail within the general context of medical prescription, depending on the woman's individual status.

As far as smoking and drinking go, there would probably be pretty uniform agreement that the woman should not be doing that.

Senator GORE. How many women do not see a doctor until after the first trimester of their pregnancy?

Dr. GORDIS. I don't know that number, but I would be very happy to provide it for you.

Senator GORE. Do you know, Mr. McCord?

Mr. MCCORD. I do not know specifically, but particularly in poor populations, in minority populations, and particular in native America doctors are not anway present.

Senator GORE. There are a lot of women just outside the health care system. They don't have health insurance, they don't see a doctor, and even a lot of women in the health insurance system do not see a doctor until after the first several months of pregnancy.

Anyway, we could take a lot more time.

The Energy Committee is having an important hearing where Senator Ford is needed for a quorum and must attend there.

Because of the length of the witness list, we are going to have to move on.

Thank you very much.

I would like to call our next panel: Dr. Kenneth L. Jones, representing the American Academy of Pediatrics; Dr. John Morris, Director of the Division of Trauma at Vanderbilt Medical Center in

Nashville, an old friend and we are delighted that he is here; Dr. Sheila Blume, from South Oaks Hospital in Sayville, New York; and Dr. LeClair Bissell, from Bantam, Connecticut.

If all four of you would come to the witness table, we will get started.

Again, let me advise you that your complete statements will be included in full in the hearing record and if you could summarize in five minutes, that would be greatly appreciated.

Dr. Jones, from the American Academy of Pediatrics, we are delighted to welcome you here. I have great respect for the Academy, and we would like to invite you to kick off this panel, if you would proceed.

Over the next few minutes, let me say, if we could close the hearing room door and have some order for the witnesses, we would appreciate it.

Go ahead and excuse me.

STATEMENT OF KENNETH L. JONES, M.D., AMERICAN ACADEMY OF PEDIATRICS

Dr. JONES. Thank you very much, Mr. Chairman.

Over the next few minutes, I am going to talk about drinking alcohol during pregnancy and its effect on the unborn baby.

Initially, I am going to describe the fetal alcohol syndrome, the very specific, easily recognizable pattern of altered growth, morphogenesis and performance that has been seen in the offspring of alcoholic women who continue to drink throughout their pregnancy. Thereafter, I am going to give you the available data on the effect of heavy and moderate drinking on the unborn. Finally, I want to give you my ideas as to whether there exists a safe amount of alcohol for all women to drink during their pregnancy.

Now, if you would permit me, I would like to show a few slides here.

Obviously, pictures are worth a thousand words.

Senator GORE. I think we can see that. If those behind the screen want to stand up here to see better, they are welcome to do so.

Go ahead.

[Slides were shown.]

Dr. JONES. This is a little girl by the name of Julie Returns-from-Scout, an American Indian child born near the Great Flathead Lake in Montana to an alcoholic woman.

As you see her here in this picture, she is eight months of age, but her length and weight are normal for a child at 38 weeks gestation.

So this child is so growth deficient post-natally that her size at eight months of age is less than normal for birth size.

Her head circumference and her development is that of a four month old child. She has all of the features that have been associated with the fetal alcohol syndrome. This disorder, the fetal alcohol syndrome, is, I believe, the second, not the third, most common recognizable cause of mental retardation in the United States today.

Senator GORE. What are the others, Doctor?

Dr. JONES. The first, most common, recognizable cause of mental retardation is Downs Syndrome. That is a disorder which is due to an extra chromosome. This, I believe, is the second most common. Downs Syndrome has an incidence of about one in every 660 live births. It is due to an extra chromosome, and, therefore, it is a disorder which can be defined or diagnosed during pregnancy through amniocentesis, and a couple may know in advance.

Senator GORE. That is second. What would be third on your list?

Dr. JONES. Third would be mental retardation associated with defects in neural tube closure.

Senator GORE. What is that?

Dr. JONES. Neural tube closure, or meningomyelocele, for example.

Senator GORE. Thank you. Go ahead.

Dr. JONES. So this is the second most common.

It is the most common environmental cause of mental retardation in this country. I think it is important for you to recognize that, when you are talking about environmental causes of mental retardation, you have all heard about cocaine, you have all heard about heroine, methadone, PCP, marijuana, and the deleterious effects of those agents on the unborn baby. None of them holds a candle to alcohol as to its effect on the unborn baby.

The incidence of this disorder throughout the United States is about one to two per every thousand live births. However, if you look in areas of this country where the incidence of paternal and maternal alcoholism is high, you find that the incidence of this disorder is far higher than one to two per thousand. The place that comes immediately to mind is the American Indian reservations of North and South Dakota and Montana, where it has been estimated that the incidence of this disorder is not one to two per thousand, but, rather, is 30 to 35 percent of all live born babies born on those reservations.

Despite the fact that this child, Julie Returns-from-Scout, seen here, is a classic example of this disorder, and despite the fact that this disorder is as common as it is, when we initially saw this child in the spring of 1971, we did not realize that she had the fetal alcohol syndrome.

The reason for that was that in 1971, no one had, as yet, recognized this disorder. In fact, no one even realized that alcohol could cause a problem to the unborn baby.

It was not until the summer of 1973 that this child was recognized, based on the pattern of malformation, which I very briefly want to go through with you, to have the fetal alcohol syndrome.

I show you this slide as a composite picture to show you what this disorder is all about. I am not going to go through it at great length, but I want you to realize that this is a pattern of defects. It includes growth deficiency, both in utero growth deficiency and growth deficiency after the child is born, despite the fact that the child gets no alcohol after birth.

It is associated with developmental delay. In fact, the average IQ of children with this disorder is 63. It is associated with a pattern of cranio-facial abnormalities, which involves very short eyes, small eyeballs, and some very typical features in the mid-face.

It is associated with joint anomalies. These children are unable to completely extend and flex their joints in about 75 percent of cases, and about 50 percent of these children have cardiac or heart defects.

I want to show you a few children with this disorder.

First, this is a newborn American Indian child, with the fetal alcohol syndrome. You can perhaps appreciate here the slits that the eyes look out, which are short—I will show you that better in a minute. In fact, this area (indicating) is very characteristic. The face from here to here (indicating) is long. It is smooth. These babies lose the vertical groove that you see here on most of the upper lip. It is smooth, rather than grooved, and the red part of the upper lip is thin.

You see it in that child, an American Indian child. You see it in this child, too, a white child of four months of age. You see the short facial features.

This is the same child at about six years of age. Again, you see the short facial features in this mid-face, which is so typical of this disorder, with the long, smooth area and thin upper lip.

You see it in this three and a half year old white child, too.

Again, these are the characteristic features of this disorder.

Now, the fetal alcohol syndrome, to put it into the perspective of frequency, occurs in approximately 44 percent of chronically alcoholic women who continue to drink heavily throughout their pregnancy. However, of far greater significance, I fear, we see this disorder in an alarming percentage of moderately drinking women, who are not, in fact, chronic alcoholics. That is shown on the last slide, where, in the middle line, you can see a group of babies—54 in number—who were born to women who drank between one and two ounces of absolute alcohol a day during their pregnancy.

So, these were nonalcoholic women. They drank between one and two ounces of absolute alcohol a day during their pregnancy, and 11 percent of their babies have the prenatal effect of alcohol.

Now, to put one to two ounces of absolute alcohol into some practical terms, that translates into two to four shots of whiskey.

Now, two to four shots of whiskey a day sounds like a lot of whiskey. But it also translates into two to four glasses of wine.

Senator GORE. Or two to four beers?

Dr. JONES. Or two to four beers.

So, we are talking here about a woman who is making dinner at night and, as she does so, she drinks a glass of wine. Her husband comes home and they sit down for dinner, and she has another glass of wine with her husband.

She has now had one ounce of absolute alcohol. So, if she consumes any more alcohol during the evening, she fits into this group (indicating), a group in which she has an 11 percent chance of having a baby with a prenatal effect of alcohol.

Senator GORE. Now a lot of women who consider themselves in the category of moderate drinkers would come home from work and have a couple of glasses of wine and then maybe during dinner another glass of wine and feel like they are in the moderate drinker category. And yet, you are saying that women in that category, if they continue that allegedly moderate drinking behavior during pregnancy, according to these figures have an 11 percent chance

that their child, born of that pregnancy, will have the effects of this fetal alcohol syndrome. Is that correct?

Dr. JONES. That is correct. Yes.

Senator GORE. That is really astounding.

Dr. JONES. It is.

Finally, I would like to focus very briefly on a question which I believe has profound significance relative to any legislation regarding warning labels.

Is there, in fact, a safe amount of alcohol for a woman to drink during her pregnancy? Can we assure a pregnant woman that if she drinks no more than a certain amount of alcohol during her pregnancy, she will have a baby free of the deleterious effects of alcohol?

Unfortunately, no study has of yet been done to suggest in any way that a safe amount of alcohol exists for all pregnant women. Thus, when asked by a pregnant woman is there a safe amount of alcohol for me to consume during pregnancy, I answer, "I don't know, and, therefore, for your baby's sake, the best approach is to drink no alcohol during pregnancy."

We are talking here about a drug, that drug being alcohol, which, when consumed during pregnancy, is associated with the second most common recognizable cause of mental retardation. That is the tragedy.

But that tragedy is preventable. If a woman does not drink during pregnancy, her baby will not have the fetal alcohol syndrome. Anything I believe that we can do to educate those women should be done.

[The statement follows:]

STATEMENT OF KENNETH L. JONES, M.D.

Good day, Mr. Chairman, my name is Kenneth L. Jones, M.D., and I am professor of pediatrics at the University of California San Diego (UCSD) School of Medicine. Perhaps even more to the point this morning, I am also director of the California Teratogen Registry, which focuses its attention on agents harmful to unborn children.

Fetal Alcohol Syndrome for a number of years has been a special concern of mine, and a special concern to the 35,000 pediatricians who comprise the American Academy of Pediatrics, on whose behalf I appear before you today. Finally, there now appears to be a real opportunity to help inform the public more fully and more effectively of the terrible risks associated with excessive alcohol consumption. For that reason I am especially pleased to submit for your consideration these formal comments in support of S. 2047, salutary legislation recently introduced by Senator Strom Thurmond (R-S.C.) that would compel the alcoholic beverage industry to place on its products a series of rotating warning labels.

Last week, as you know, the long awaited, congressionally mandated report on infant mortality and morbidity was released, and its findings are appalling—the United States ranks only 19th among industrialized nations in these vital measures of social progress. The Academy believes S. 2047 should be a part of any comprehensive plan to help remedy this blight on our society.

After all, there just seems to be no end to the damage that alcohol has done, and is still doing, to American children of all ages. Fetal Alcohol Syndrome (FAS) is only part of the story, albeit an extremely important part. This tragic condition, which was not officially identified in the United States until 1973, is a pattern of mental, physical and behavioral defects that develops in infants born to some women who drink to excess during pregnancy. It afflicts fully 5,000 innocent babies every year, and is characterized by a cluster of congenital birth defects that includes the following: prenatal and postnatal growth deficiency; a particular pattern of facial malformations, including a small head circumference, flattened midface, sunken nasal bridge and a flattened and elongated philtrum (the groove between the nose and the

upper lip); central nervous system dysfunction; and varying degrees of major organ system malformations.

As many as 50,000 newborns each year suffer a milder form of alcohol-related birth defects known as Fetal Alcohol Effects. FAE are those signs in the offspring that have been linked to alcohol use during pregnancy by the mother but do not meet the diagnostic criteria for full-blown Fetal Alcohol Syndrome.

FAS, with an incidence of one to three per 1,000 live births, is one of the three leading known causes of birth defects, and is the only preventable one among them. This bears reiteration: FAS is entirely preventable if only pregnant women would abstain from alcohol consumption.

In fact, there are well designed studies linking an average of one to two drinks daily to decreased birthweight, growth abnormalities and behavioral problems in the newborn and infant. Increased risk of spontaneous abortion has been found at an even lower dose, namely, one to two drinks, twice weekly. There is no established safe dose of alcohol during pregnancy, nor does there appear to be a safe time to drink. What is clear is that whenever drinking is stopped during pregancy, the risk of fetal alcohol effects and consequences of alcohol exposure are decreased.

In 1981, C. Everett Koop, a pediatric surgeon, a member of the Academy and, most important, Surgeon General of the United States, issued a health advisory recommending that women who are pregnant or are considering pregnancy should abstain from alcoholic beverages and should be aware of the alcohol content of foods, beverages and medications. In addition, he urged health care professionals to monitor the drinking habits of pregnant patients (and those considering pregnancy), to warn patients about the risks of alcohol consumption during pregnancy, and to encourage pregnant patients not to drink.

Today, it has been reported, approximately 90 percent of the public is aware that drinking during pregnancy may damage the fetus. In another study, however, one-third of the women interviewed believe that an average daily consumption of more than three drinks is safe during pregnancy. One in six women in the peak childbearing years of 18–34 may drink enough, either chronically or episodically, to present a hazard to an unborn infant. And women are now heavily targeted for marketing of alcoholic beverages. According to "Impact," an alcoholic-beverage industry newsletter, women will spend $30 billion on alcoholic beverages in 1994, compared with $20 billion in 1984.

In the 1985 National Interview Survey conducted by the National Center for Health Statistics, only 57 percent of persons under 45 years of age had ever heard of Fetal Alcohol Syndrome. Yet, to date, no major manufacturer of alcoholic beverages urges women to abstain from alcohol consumption during pregnancy through product labeling. In fact, most major educational campaigns conducted by the alcoholic beverage industry do not recommend abstinence from alcohol during pregnancy.

Apart from the inordinate human tragedies occasioned by FAS, there is the exorbitant social expense to consider. In America today it costs approximately $15 million to treat FAS babies. It costs $670 billion to treat the nearly 70,000 FAS children under age of 18. It costs more than $760 million to treat the 160,000 FAS adults.

Surely in light of so many compelling facts affecting our infant children, and with the knowledge of a recent Gallup poll that almost 80 percent of the American public favors warning labels on alcoholic beverages, it is right and reasonable for the Senate to act expeditiously in support of Senator Thurmond's modest yet eminently meaningful legislation. Surely it is not too much to ask of the alcoholic beverage industry to include on its products, "WARNING: The Surgeon General has determined that the consumption of this product, which contains alcohol, during pregnancy can cause mental retardation and other birth defects."

Of course it is not too much to ask. Indeed the consequences of this national crisis, as catastrophic as they are for so many infant children, run much deeper, and deserve even more sweeping attention. Among teenagers, alcohol abuse has reached epidemic proportion. According to a 1987 report, "Alcohol and Health," issued by the Department of Health and Human Services, an estimated 30 percent of all adolescents, or 4.4 million children, experience negative consequences of alcohol use, including poor school performance, trouble with parents or trouble with the law. In 1986 alcohol remained the most widely used drug among American youth.

On the highway, that spells disaster for too many families of too many of our patients. Alcohol is still involved in 50 percent of traffic fatalities. And that sad fact was dramatized again in Florida last week when one of America's most promising young Olympic divers, having consumed in the neighborhood of eight to 10 beers during the course of one afternoon and evening, suddenly lost control of his car on a dimly lit dirt road and struck eight teenagers, killing two and seriously injuring six

others. Imagine for a moment the agony being endured by all of these families, by the victims, by the drunken driver whose terrible judgment took such a toll.

And imagine the pain endured by the families of those 27 children in Kentucky, burned to death earlier this summer when their school bus, on the way home from a church outing, was struck head on by a man so drunk he was driving his pickup truck the wrong way on an interstate highway, a man whose blood-alcohol level was more than twice the legal limit.

At a time when more than half of our national traffic deaths are alcohol-related, at a time when the $70 billion alcoholic beverage industry is spending $2 billion annually on sophisticated advertisements that glamorize alcohol, surely there is room on their bottles and cans for the following: "WARNING: Drinking this product, which contains alcohol, impairs your ability to drive a car or operate heavy machinery."

A 1983 study by the National Institute on Alcohol Abuse and Alcoholism estimated that our heavy drinking costs America $117 billion a year in health care and lost productivity. Nevertheless, the beer industry contends that warning labels merely "will act as a challenge, taunting adolescents to prove they can handle drinking no matter what the older generation says." The distilled spirits industry argues that there are potential health benefits from alcohol consumption that warning labels would undercut.

Common sense argues otherwise—so do pediatricians, who are specially trained to promote the health of children, and so does the U.S. Public Health Service, which recently completed a study on the potential educational effects of health warning labels on alcoholic beverages. It concluded that such labels can be effective in increasing consumer knowledge and can have an impact on consumer behavior, particularly in combination with other educational initiatives.

Pediatricians are convinced that warning labels, as part of a more comprehensive national effort to steer pregnant women and children away from the peril of alcohol consumption, would work. And shouldn't we try? Shouldn't every effort be made to reduce casualties from alcohol abuse so that thousands and thousands more healthy and happy kids will be around to thank us?

The American Academy of Pediatrics expresses its deep appreciation to Senator Thurmond for his important legislation and leadership on this crucial issue, and to the chairman and members of this panel for their fair hearing on behalf of American children.

Senator GORE. So, really, this is the number one preventable cause of birth defects.

Dr. JONES. Absolutely.

Senator GORE. I want to note for the record, Dr. Jones, that you are the doctor who discovered the fetal alcohol syndrome and the leading authority on the subject. We are honored to have you here today.

I will hold my other questions.

Dr. John Morris is the Director of the Division of Trauma at Vanderbilt and is someone with whom I have had an opportunity to work in the past.

I am delighted to see you back again, Dr. Morris. Please proceed with a summary of your statement.

STATEMENT OF JOHN A. MORRIS, JR., M.D., DIRECTOR OF THE DIVISION OF TRAUMA, VANDERBILT UNIVERSITY MEDICAL CENTER

Dr. MORRIS. Thank you, Mr. Chairman.

As you know, I am a practicing trauma surgeon, and every day I get to see the ravages of the combination of trauma and alcohol.

Trauma is the leading killer of people between the ages of one and 44. About 5 percent of the adult population in the United States are alcoholics. Separately, these two diseases are devastating. Together, they are catastrophic.

Alcohol abuse predisposes one to trauma. It increases the severity of the injury. It impairs our ability to treat the patient, and it is preventable.

The facts are very clear. Over 18,000 people will die from alcohol-related motor vehicle accidents this year in the United States. There will be 500,000 injuries. And, even more sobering, two out of every five Americans today at some point in their lives will be involved in an alcohol-related crash.

This is not just a problem of the alcoholic. It is a problem which affects all of us.

The story of the drunk driver is not new. However, you may not realize alcohol's impact on other forms of injury.

We have reviewed recently 1,500 patients admitted to our trauma center in which blood alcohol levels were drawn. Over 750 had positive blood alcohol levels. Approximately half of these positives were involved in motor vehicle accidents; but fully the other half were involved in injuries that we hear very little about—from drownings to burns to industrial accidents to domestic violence.

Alcohol continues to predispose people to injury.

For the sake of this hearing, let me just focus for a second on one of these subgroups of alcohol and injury, and that is machinery-associated injury or industrial accidents.

These injuries occur during working hours and define a specific subgroup of problem drinkers. Supervision on the job has failed. Colleagues have ignored or suppressed the recognition of the problem, and Workmen's Compensation—you or me—is forced to assume the burden of this preventable injury.

Trauma is an expensive disease. The estimated societal costs for alcohol and motor vehicle accidents alone are $5 billion a year, and, as we alluded to earlier, this is just half the trauma and alcohol problem.

Trauma is expensive. Yet, the alcohol abuser has not accepted the responsibility for his alcohol abuse.

In the 750 patients with positive blood alcohol in our study, the level of blood alcohol plotted against failure to assume financial burden is directly proportional. The more you drink, the less likely you are to assume responsibility for your drinking.

This bad debt cost our institution $5.9 million in the three years of this study. What this means is that part of the deficit for this irresponsibility is born by the nondrinkers. These patients are victimized at two levels. First of all, they are the physical victims of the alcohol abuser; then, secondarily, they have to pay the bill for the alcohol abuser.

This victimization will be magnified throughout our society if, as has already happened in California and Florida, the system of trauma care begins to collapse as the result of financial strain.

We support Bill 2047, affixing health warning labels to all alcoholic beverages. It is a step in the right direction. But it must be part of a comprehensive program pursued both at the Federal and the State level, both to educate the public and to force the alcohol abuser to assume the responsibility, both societal, legal, and financial, for his abuse.

Thank you, sir.

[The statement and questions and answers follow:]

STATEMENT OF JOHN A. MORRIS, JR., M.D., VANDERBILT UNIVERSITY MEDICAL CENTER

Mr. Chairman, members of the subcommittee, I am pleased to be here today and to have the opportunity to discuss alcohol and its effect on the health of millions of Americans, specifically its relationship to trauma.

Trauma is the leading killer of people between the ages of 1 and 44 and includes such injury-inducing mechanisms as motor vehicle accidents, pedestrian accidents, gunshot wounds, stab wounds, falls, burns, and drownings. It is estimated that 5-10% of the American population suffers from alcoholism and that 1 in 10 deaths is alcohol-related. Separately, trauma and alcohol are devastating; together, they are catastrophic. Alcohol not only predisposes one to trauma; it also increases the severity of the injuries and inhibits medical treatment of the patient.

ALCOHOL AND MOTOR VEHICLE ACCIDENTS

The association between alcohol and motor vehicle accidents has been accepted for many years. It was identified as a contributing factor to fatal accidents as early as 1904 in an editorial in the Quarterly Journal of Inebriety which stated that in 25 fatal accidents, 19 of the drivers "had used spirits within an hour or more of the disaster." The number of motor vehicles on our highways has increased appreciably since 1904 as has the number of drinking drivers. Today, motor vehicle accidents, half of which are alcohol-related, are the single greatest cause of death for young people between the ages of 5 and 34 and result in more cases of paralysis than all other causes combined.

In 1985, 43,800 people died in motor vehicle accidents; 51% or 22,360 were alcohol-related. Of the 3,363,000 injuries resulting from motor vehicle accidents in 1985, 541,000 or 16 percent were alcohol-related. Over 40 percent of all teenage deaths result from vehicle accidents, over half of which are alcohol-related. In addition,

—There is an average of one alcohol-related fatality every 22 minutes in the U.S.
—About 2 out of every 5 Americans will be involved in an alcohol-related crash in their lifetime.
—Drivers with a previous DUI conviction in the past 3 years are 1.4 times more likely to be involved in a fatal accident than those with no previous conviction.
—According to one study, an injury serious enough to require hospitalization often creates sympathy for the alcohol-impaired driver and protects him from prosecution.

Our figures at Vanderbilt reflect the national statistics. Of the 1,564 trauma victims tested for blood alcohol content (BAC) in the past four years, 768 (49%) tested positive. Approximately 20% were between the ages of 15–20 (and below the legal drinking age), while 60% were 30 years of age or younger. Of those who tested positive, 66% (506) had a BAC of .10g/dl or above. Fifty-four percent of these patients were involved in motor vehicle accidents.

ALCOHOL AND DRIVING IMPAIRMENT

Driving is a closed loop activity: in order to do it well the driver has to rely on feedback from the environment and adjust his driving accordingly. Alcohol interferes with this process by distorting the driver's perception, thereby making it impossible for him to assimilate the various pieces of information from his environment. The higher the BAC, the greater the impairment.

There is a general concensus that driving ability is impaired at .05g/dl BAC and significantly impaired at .08g/dl. The risk of a crash at .10g/dl (or the point at which it is illegal to operate a motor vehicle in most states) is 3–15 times as great as the risk of a crash at zero BAC. The average BAC in persons arrested for drunk driving is .18—.20g/dl; 75% of all fatally injured alcohol-imparied drivers have BAC of .10g/dl or higher.

The average person metabolizes 6–24mg/100ml/hr. Because BAC is not always determined immediately after a crash and may not be measured until several hours later, actual levels at the time of the crash may have been much higher. It is safe to estimate a loss of between 15–20mg/100ml of alcohol for each hour that a person lives post-crash.

ALCOHOL AND OTHER FORMS OF TRAUMA

Although all of us are aware of alcohol's contribution to motor vehicle accidents, many may not realize its contribution to every other form of trauma: from drownings to burns, from industrial accidents to domestic violence. Alcohol has been associated with 47% of industrial accidents, 61% of burns, 63% of falls, 66% of fatal motorcycle accidents, and 60% of fatal pedestrian accidents.

Alcohol is a depressant and is logically linked to a large percentage of suicides. One study of youth suicides during a 24-year period and found a direct relationship between the increase in suicides and the increase in alcohol abuse. Because alcohol leads to aggressive, violent behavior, it is not surprising that it has been associated with 64% of homicides, 75% of stabbings, 69% of beatings, 55% of shootings, 50% of marital violence, and 67% of sexually aggressive acts against children.

The statistics at our institution also support these figures. Of the 687 patients treated for non-motor vehicle injuries, 341 (49%) tested positive for BAC:

Mechanism of Injury	Alcohol-Related	
	Number	Percent
1. Motorcycle (142)	76	54
2. Pedestrian (62)	33	53
3. Assault (230) (gunshot wounds, stab wounds, assault and battery)	147	62
4. Falls (83)	26	31
5. Other (75)	26	35
6. Burns	21	41
7. Machinery	12	27

The group of patients injured while operating machinery is especially concerning. These injuries occurred during working hours and define a specific subgroup of problem drinkers. Supervision at the job site has failed, colleagues have ignored or suppressed recognition of the problem, and workman's compensation assumes the burden of this preventable injury.

Alcohol not only increases the likelihood of trauma but also increases the severity of the injuries. It also inhibits medical treatment. Waller et al studied the effects of alcohol on over 1,000,000 drivers involved in motor vehicle accidents and found that, contrary to popular belief, alcohol does not protect against injury but rather "increases vulnerability to injury in any given crash." They found that the proportion of alcohol-impaired drivers killed in crashes was 3.5 times the proportion of drivers killed who were not alcohol-impaired. Luna et al found that injured alcohol-impaired motorcyclists were more likely to die of severe head injuries than sober cyclists with similar injuries. Alcohol also affects treatment of the traumatized patient in that it interferes with cardiovascular function, leads to neurological dysfunction, and makes the patient aggressive and combative.

THE COSTS OF ALCOHOL AND TRAUMA

Trauma resulting from alcohol has profound financial implications on the general public and on the trauma centers that care for them. It has been estimated that the annual societal costs of alcohol-related motor vehicle accidents exceed $10 billion: over $500 million on medical care, $6 billion in lost productivity, and over $4 billion in property damage. Yet, as we have shown with the above data, motor vehicle trauma comprises only 50 percent of the total alcohol-related trauma.

Trauma is an expensive disease, and data from our institution illustrates that the alcohol abuser has not accepted the financial responsibility for his alcoholic irresponsibility. Our institution lost $5.9 million on the 768 patients who tested postive for BAC. Part of this deficit was covered by those patients with negative BAC. These non-drinking patients are being victimized on two levels: first, they are often the physicial victims of the alcohol abuser, and, second, they are the financial victims.

This victimization will be magnified if, as has already happened in Florida and California, the trauma system collapses under the financial strain. Senator, you and I know that trauma systems save lives, but the irresponsibility of the alcohol abuser may help put an end to this system. We support Senate Bill S. 2047. Affixing a health warning label to all alcoholic beverage containers is a step in the right direction. However, we further recommend that the federal government urge states in the strongest possible terms to adopt the following:

(1) The minimum age for purchase or consumption of any alcoholic beverage should be 21 years.

(2) All states should pass and actively implement laws requiring blood alcohol concentration testing of drivers involved in fatal and serious injury-producing crashes.

(3) Blood alcohol concentration of .05g/dl should be considered presumptive evidence of driving impairment and a BAC of .08g/dl should be considered illegal per se to operate a motor vehicle.

(4) An alcohol usage tax should be leveled on the sale of all alcoholic beverages to defray the medical costs at trauma centers for treatment of injured alcohol abusers and their victims.

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

Question 1. You see a number of injuries that involve the use of alcohol. The legislation requires the following label:

Warning: Drinking this product, which contains alcohol, impairs your ability to drive a car or operate machinery.

Would you say from your experience that any level of alcohol consumption impairs one's ability to drive an automobile or operate machinery? If not, what level of consumption is required for impairment?

Answer. In answer to your first question, I believe that although the performance of simple tasks does not deteriorate appreciably at low BACs, the ability to operate an automobile and other machinery does. With this in mind, I support the Association for the Advancement of Automotive Medicine's (AAAM) policy statement that driving is impaired at a BAC of .05g/dl and that someone with a BAC of .08g/dl should be considered legally intoxicated. However, the data from our study show that only 8 percent of our abuser population had a BAC between .08 and .10.

Question 2. Do you have a personal view as to whether warning labels would reduce the incidence of traumatic injuries, such as those you see at Vanderbilt?

Answer. In response to your second question, it may not be reasonable to expect immediate beneficial effects as a result of placing warning labels on alcohol. Over time, however, I strongly believe that warning labels, combined with a well-coordinated public education program, will reduce the number of alcohol-related injuries in Middle Tennessee.

Question 3. Do you treat more trauma injuries related to alcohol among those under 25 years of age or over 25 years of age?

Answer. Do we see more alcohol-related injuries in those over 25 or under 25? We actually see more people over the age of 25 with traumatic, alcohol-related injuries. However, the numbers are very close. Perhaps of more interest is that 19 percent of those we have seen have been less than 21 years of age. This figure is very significant for those of us who are trying to develop target programs that will lessen the heartbreaking effects of alcohol-related injuries and illnesses.

Senator GORE. Thank you very much. We appreciate your statement.

Dr. Sheila Blume will be our next witness, from South Oaks Hospital in Sayville, New York.

STATEMENT OF SHEILA B. BLUME, M.D., MEDICAL DIRECTOR, ALCOHOLISM, CHEMICAL DEPENDENCY, AND COMPULSIVE GAMBLING PROGRAMS, SOUTH OAKS HOSPITAL

Dr. BLUME. Thank you. I am Medical Director of the Alcoholism, Chemical Dependency, and Compulsive Gambling Programs at South Oaks Hospital, which is in Amityville, not Sayville, a neighboring town.

I am a clinical professor of psychiatry at the State University of New York at Stony Brook and a psychiatrist active in the field of alcoholism for the past 26 years.

I strongly favor health warning labels, speaking both personally and on behalf of the National Council on Alcoholism, the 3,300 physicians of the American Medical Society on Alcoholism and Other Drug Dependencies, and for the Children of Alcoholics Foundation, whose goal is to educate professionals and the public about the harmful effects of parents' drinking on their children.

The negative effects of beverage alcohol on human health and welfare have been the subject of warnings since ancient times. Such warnings to the populace in Egyptian hieroglyphics, in ancient Chinese, and in the Old Testament remind us that human beings have consistently tended to underestimate alcohol's potential for harm.

I believe the reason for this underestimation is that alcoholic beverages are so familiar and so widely used, but also because they are virtually the only dangerous products sold legally that do not warn their users of potential harm.

Alcohol is harmful to health in four different ways: First, it is toxic to tissues and organs, such as the stomach, the liver, the heart, and the brain, both directly and, in heavy drinkers, through malnutrition. This can happen in a child, in an adult, or in a developing fetus.

Secondly, by causing intoxication with impairment of balance, attention, and motor coordination, as we just heard, it causes injury through falls, drownings, vehicle crashes, and other accidents.

Thirdly, alcohol causes harm through interaction with other drugs and medicines.

And fourthly, alcohol itself is a sedative drug, upon which people may become psychologically and physically dependent. This is what we mean by alcohol addiction or the disease of alcoholism.

In my written testimony and a number of attachments,[1] I have included information on these hazards and the appalling toll of alcohol-related deaths. But in my brief allotted time, I would like to address the addictive nature of alcohol and its interaction with other drugs.

When we talk about the process of developing an addiction, we are describing the following. First, the taking of a drug that begins as a pleasurable activity, or at least one that relieves some kind of bad feeling. The drug then over time becomes a means by which the individual attempts to solve personal problems, handle negative feeling states, and to feel like himself or herself. This is another way of saying, to maintain self-esteem.

For many drugs that are addictive, the brain becomes accustomed to the presence of the drug and a higher and higher dose is required to produce the same psychological effect. This is what we call tolerance.

The individual now becomes a heavy user of the drug, is increasingly preoccupied with it, and may crave the drug when it is absent. The drug moves from being an adjunct, to being the center of life.

When the individual who has become tolerant stops the drug suddenly, the brain and other body systems react to its absence with symptoms of withdrawal.

That, in a nutshell, is what we mean by drug addiction, and it is also a very good description of alcoholism; from social or recreational drinking to psychological dependence to physical dependence.

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[1] The attachments were not reproducible.

How many Americans suffer from this disease? Estimates vary depending on the methods used. However, recent data from an intensive study of over 20,000 adults in the general population, which is called the Epidemiological Catchment Aarea project, funded by NIMH, found that 13 percent of the total sample of American adults had a lifetime diagnosis of alcohol abuse or dependence, making it the commonest of the diagnoses in the mental disorders in the United States.

Why is it important to put warning labels about addiction on alcoholic beverages? First of all, most people think of alcohol as a beverage and not a drug. Many people just plain do not know that it is possible to become addicted to alcohol.

For example, many Americans, especially the young, do not think of wine coolers as alcoholic beverages, but rather as soft drinks, and certainly not as containing a drug.

Secondly, a common characteristic of people with alcoholism is that, even as the addiction advances, they fail to recognize that alcohol is the cause of their very real problems.

That is because from the inside alcohol still seems to be the solution to problems and not the problem itelf. We call this denial.

The reality of alcoholism treatment is that very few patients spontaneously come for help, saying, "I think I have alcoholism." Most patients initially enter treatment with lots of urging from others—family, friends, employer, the legal system. Sometimes there is a structured confrontation involved, as was described by our former first lady, Betty Ford, in her autobiography.

Opponents of labeling often state that warning labels will not make an alcoholic stop drinking. They cannot cure alcoholism. Of course they cannot. Alcoholics are sick people and they need treatment.

What the labels can do, however, is help educate the alcoholic's friends and family about the addictive nature of alcohol and its other dangers, so that they are more motivated to encourage the alcoholic to seek help and more likely to seek further information and help for themselves.

These labels can also constantly remind the alcoholic of the immense harm he or she is doing to his or her health—and in mentioning the "she" of that "his or her," the female alcoholic, I should also add that women are more sensitive to alcohol than men, deriving higher blood alcohol levels from comparable doses of alcohol, and that they develop the late stage physical complications of alcoholism, like cirrhosis of the liver, which we discussed, more rapidly. I attached a paper on this subject to my written testimony.

Let me conclude with a few words on the interaction of alcohol and other drugs. I think Dr. Gordis went through it and I won't repeat what he said.

On my testimony, I have affixed a couple of those red labels that were mentioned earlier, and I would point out that pharmacists, as part of their professional responsibility, place these warning labels on drugs to warn people that they interact with alcohol.

Pharmaceutical manufacturers also place warnings on over-the-counter drugs like antihistamines and others. Yet, alcoholic beverage containers have no warnings.

Critics may say it is not necessary since the other drugs are labeled. However, not all drugs are purchased legally, and alcohol has a number of dangerous interactions with drugs of abuse, such as opiates, marijuana, and cocaine. Since these drugs are often used along with alcohol, the warning label is a unique opportunity to inform.

The combined use of alcohol and other drugs is also a special problem among women. For example, the 1986 Alcoholics Anonymous survey of 7,000 of its members found that 45 percent of its female members, as compared to 35 percent of its male members, reported an addiction to another drug in addition to alcohol.

Information is the primary goal of warning labels. Their purpose is to make the health risks of alcohol part of the common knowledge. We do not have to go to school to learn that overeating makes us gain weight. Doctors know all about it long before they embark upon their medical training. It is common knowledge.

The facts about alcohol's relationship to birth defects and organ damage, its drug interactions, and its addictive potential should be equally well known. Warning labels are an important part of that process.

To conclude, I brought along a can of diet soda—I notice you perhaps may be drinking some of it—to illustrate a point. If you read the label, right down on the bottom you will see a warning. It says: "Phenylketonurics. Contains phenylalanine."

Now, phenylketonuria is a rare genetic disease with an incidence about one per 10,000 live births or about 310 cases a year, less than a tenth as frequent as fetal alcohol syndrome.

Phenylketonurics are sensitive to the amino acid phenylalanine, which is found in the artificial sweetener in that can. A few thousand Americans suffer from this disease. Yet, quite appropriately, every one of the billions of cans of diet soda produced in this country every year contains a warning that acknowledges this hazard.

If we can label diet soda, it is certainly time we recognized the health hazards of alcohol, not merely to thousands, but to millions of Americans. And it is time we took this most important step.

Although warning labels are only a part of the massive educational campaign about alcohol problems that is required, they are a very important part.

Thank you.

[The table referred to follows:]

TABLE 4.—ESTIMATED NUMBER OF DEATHS ATTRIBUTABLE TO ALCOHOL: UNITED STATES, 1980

Cause of death	Number of deaths	Percentage attributable to alcohol	Estimated number attributable to alcohol
Alcohol as the main cause:			
Alcoholic psychoses	454	100	454
Alcohol dependence syndrome	4,350	100	4,350
Nondependent use of alcohol	889	100	889
Alcoholic polyneuropathy	4	100	4
Alcoholic cardiomyopathy	650	100	650
Alcoholic gastritis	84	100	84
Alcoholic fatty liver	1,166	100	1,166
Acute alcoholic hepatitis	794	100	794

TABLE 4.—ESTIMATED NUMBER OF DEATHS ATTRIBUTABLE TO ALCOHOL: UNITED STATES, 1980—Continued

Cause of death	Number of deaths	Percentage attributable to alcohol	Estimated number attributable to alcohol
Alcoholic cirrhosis of the liver	9,166	100	9,166
Alcoholic liver damage unspecified	1,812	100	1,812
Accidental poisoning by alcohol	218	100	218
Subtotal			19,587
Alcohol as a contributing cause cancer of directly exposed tissues:			
Malignant neoplasm of lip, oral cavity, pharynx	8,553	25	2,138
Malignant neoplasm of larynx	3,412	25	853
Malignant neoplasm of stomach	14,372	20	2,874
Malignant neoplasm of liver	5,618	25	1,404
Subtotal			7,269
Other diseases:			
Diabetes mellitus	35,649	5	1,782
Hypertensive diseases	32,633	5	1,632
Pneumonia and influenza	54,619	5	2,731
Diseases of esophagus, stomach duodenum	8,734	10	873
Chronic liver disease and cirrhosis not specified as alcoholic	18,645	25	4,661
Subtotal			11,679
Accidents:			
Railway accidents	632	10	63
Motor vehicle traffic accidents	51,930	50	25,965
Other road vehicle accidents	232	20	46
Water transport accidents	1,429	20	286
Air and space accidents	1,494	10	149
Accidental falls	13,294	25	3,324
Accidents caused by fire and flames	5,822	25	1,455
Accidents due to natural and environmental factors	3,194	25	799
Accidents caused by submersion, suffocation, and foreign bodies	10,216	35	3,576
Other accidents	8,744	25	2,186
Subtotal			37,849
Violence:			
Suicide	26,869	30	8,061
Homicide	23,967	50	11,984
Undetermined whether accidental or purposely inflicted	3,663	30	1,099
Subtotal			21,144
All causes			97,528

Source: Ravenholt 1984.

Senator GORE. Thank you very much.

Our final witness on this panel is Dr. LeClair Bissell from Bantam, Connecticut. Welcome and please proceed.

STATEMENT OF LECLAIR BISSELL, M.D.

Dr. BISSELL. Thank you. My name is LeClair Bissell. I am a self-employed physician currently doing research, teaching and writing, and concerned with alcoholism and other drugs of dependency. My training is in internal medicine with endocrinology and metabolism as subspecialties.

My interest in this problem grew initially from my own recovery. I had been sober for approximately five years when I entered medical school at Columbia and from the very first day was of course interested in what they would teach me about the problem I had

had. It had nearly killed me, and I think everyone is interested in what has affected them or a member of their families.

At the time, of course, one was offered precious little about how to confront an alcohol or what alcoholism was. But the toxic effects of the drug were already extremely well known, and we heard a great deal about them.

This wasn't argued with new material or considered anything particularly exotic. Any textbook, then and now—and that was over 30 years ago—made very clear that if a patient had pancreatitis or had liver disease, one had better think about alcohol in a hurry.

And even had that not been very obviously the case in the textbooks, it immediately became obvious during the 16 years that I worked at a hospital in Manhattan, at Roosevelt Hospital, one that had a New York City ambulance service, and was working with alcoholics as they arrived in the emergency rooms and on the wards.

How they got there and the stories they told and what kind of illnesses they had became all too clear, just as when I was working in Dutch Guyana, I learned very rapidly that almost everybody had malaria, anemia, and hookworm, and it did not require endless research papers to see it. I mean, that is just how it was. If you could look around you, you knew it.

Problems with alcohol and its relationship to liver disease, to cancer of the oropharynx, the tongue, the mouth, the larynx, the poor souls who would come in with primary carcinoma of the liver—it was all too clear that, if there was not a direct causal relationship there with drinking, at the very least there was certainly a tremendous positive correlation.

I am not going to review the research literature on this today. That has been very well done for you by other people, with all of the details and all of the numbers. I would rather point out that even when doing the carving of Noah in Venice for the church at the Piazza San Marco, Noah is shown there with the classic signs of cirrhosis of the liver, dilated veins on his distended abdomen and all the rest, a picture you could see today in any general hospital here in Washington.

While it was not disputed that alcohol was playing a major role in a lot of these illnesses, what was disputed was the causation. Was alcohol alone able to do the damage? Some folks did suggest that either it was primarily malnutrition that had to be present to cause the trouble or, in the case of some of the cancers of the head and neck, that the drinker also had to be a smoker.

As has been said earlier today, we have finally gotten it teased out, that alcohol is in fact the culprit.

Does alcohol increase the risk of cancer in human beings? Yes, of course, but not in every type of cancer and not in every organ. Cancers of the oral cavity, larynx, and esophagus are certainly related to alcohol intake, and this information comes not from dosing laboratory rats, but from human beings.

The carcinoma of the liver, although it usually is preceded by cirrhosis is usually following a situation the cirrhosis itself caused by alcohol in the first place.

Quite recently, a very extensive study in the New England Journal of Medicine of many thousands of nurses did suggest that there

was a strong correlation between cancer of the breast and alcohol intake. As you have heard earlier, that thinking is being debated, but the possibility is certainly there.

What about the question of high blood pressure? Well again, there have been many good studies, one of them a study, also of many thousands of patients by the Kaiser Permanente Clinics in California, in which the total number of drinks reported by patients showed alcohol intake was related almost in a linear fashion to their blood pressure readings. In other words, the more they drank the higher their blood pressure, alcoholic or social drinker alike.

The question is asked if labels alone will work to solve the problem? Of course not. No single approach is going to work for everybody, just as no one ad will sell a book. Ask any publisher and they will usually tell you that, unless your name is Stephen King, you have got to have at least five mentions before the first person will recognize you and buy the book. We need to try many things, different things, but not expect magic from a single attempt.

I do not think we know of any way to inform short of shooting a President or doing something so absolutely impressive that once heard no one can forget, that teaches almost everybody at one stroke.

However, the repetition and the use of a variety of different ways and methods for different people I think does make excellent sense.

Now, like so many others that have talked today, I have watched this labeling issue make the rounds in Washington for years. I sat on the NIAAA advisory council under Carter. I attended some of those committee meetings in the HHS building while the matter was being debated.

I think there have been two favorite scenarios that I have heard used by the opponents of labeling. One is the "It is not my job" approach. In that one, FDA and BATF each manage to disclaim authority and responsibility, while neither gives up an inch of turf.

The other is the "labels do not work" approach, which is presented using a rather interesting bit of circular logic. It is pointed out that we have never tried and hence never studied the efficacy of warning labels. With no trial, there can be no solid evidence on which to base opinions.

However, measures that would yield this information should not be tried because they have not already been tried, so we cannot be sure in advance that they will work.

The final outcome of the discussions is usually to postpone any action whatsoever until there has been yet another study, which will probably again be received as inconclusive, and so it goes.

Now, I wrote this before I came in here today, but I do not think it is too astonishing that we have already heard that what is required is yet another study, not a good scientific one that will show us whether or not labels work, because it will not do that. It will simply be a good study, no matter how carefully designed, of what is being studied, namely what the public's own opinion is on whether or not labels might or might not work. The untrained man or woman on the street is to be an expert.

And we are asked to wait for the results of this new study, which won't answer the question either before we make up our minds.

I am sorry that today we are not talking also about content and ingredient labels and are limiting ourselves to warning labels. I think such labels are also part of the story, and that the public has a right to know what it is they are swallowing and in what amounts.

If certain "light" beers in fact have more calories in some cases than regular beers of the same brand, I think the public and particularly people trying to diet have a right to know that.

I also wish we were not limiting the warning labels, true though they are, to the increased risk of developing hypertension, liver disease, and cancer. I wish we could talk as well about brain damage, which is the way in which the toxic effect of alcohol affected me, damage from which I will never fully recover, in spite of the fact that I was able to complete medical school with what remained.

With sophisticated tests, my own brain is not entirely normal. I am a good internist, but I would never make a neurosurgeon. There are limitations on the kind of eye-hand coordination that I have, deficits that were not present before my excessive drinking.

Something else we are not discussing is the effect of alcohol, particularly as it leads to disinhibited behavior, on one's ability to practice safe sex in this age of AIDS. We do not talk, either, on these suggested labels about the fact that alcohol can definitely compromise the immune system and, with the AIDS epidemic on our hands, I think people need to know about that too.

Clearly, we cannot warn everybody about everything on a label, but we can at least get started.

Thank you very much.

[The statement follows:]

STATEMENT OF LECLAIR BISSELL, M.D.

My name is LeClair Bissell. I am a self-employed physician currently doing research, teaching and writing, primarily about alcoholism and other drugs of dependency. My training is in internal medicine with endocrinology and metabolism as subspecialities.

Let me say quickly that I am strongly in favor of legislation which will put accurate warning labels on alcoholic beverages. I would prefer however that this committee were considering both content and ingredient labels as well, since I fail to see how consumers can make informed decisions about what they eat or drink if we require them to write to a manufacturer in order to learn what's in a product.

My interest in alcoholism grew initially from my own recovery. I had been sober for five years before I entered medical school at Columbia University in 1959. Most people are particularly interested in those illnesses that they or their families have experienced. Certainly I was eager to learn what ever I was offered about the disease that had nearly caused my own death. At that time medical students were offered little about alcoholism as a primary illness or how to maneuver a reluctant patient into treatment, but many of the toxic effects of alcohol on the body were already well known and extensively taught.

I did not initially intend to work with alcoholics. I felt that my own history would lead to over identification or evangelism, that I might not be able to be objective enough and that it would probably be better if someone else looked after the alcoholics. In the sixties it turned out that very few physicians were willing to take care of alcoholics, so I ended up doing it anyway. From 1968 until 1982, I worked exclusively with alcoholics and other addicts, first as a "hands on" physician, later more as a director of treatment carried out by others.

I have been an internist throughout. Working for sixteen years in a large general hospital in Manhattan, I say many patients come and go. An endless parade of them arrived because of alcohol. A lot of them died of its effects. I've listened to a lot of

widows and heard about the years of drinking that went along with the liver disease, about both the smoking and drinking that accompany cancer of the tongue and mouth. I've watched a brillant woman physician, a personal friend become chairbound after a crippling stroke. Her drinking had become uncontrolled and along with it her hypertension as well.

My testimony today is not in itself a review of the medical literature in which is demonstrated the strong associations and often even the causal relationship between alcohol and a host of illness. That review is being done for this committee by others and will be in your hands. I am speaking this time as a clinician, not as an expert on bench research. I have been asked to address the role of alcohol in leading to high blood pressure, certain cancers and liver disease.

Well before there was much interest in learning about alcoholism per se, the relationship between alcohol the drug and certain other diseases such as pancreatitis and cirrhosis of the liver were common knowledge. The carving of Noah in Venice's Piazza San Marco clearly shows the physical signs of cirrhosis just as we see them today. I was taught this as a "given" while still a medical student. Thirty years ago, just as now, this information had long passed from the isolated journal article stage and was common and familiar not only in research literature but in basic textbooks as well. There were some remaining arguments as to whether alcohol alone could cause cirrhosis or whether malnutrition had also to be present. That alcohol played a major role was undisputed, at least by those who worked at treating the casualties rather than selling the beverage. Only in the 1970's was it firmly established that alcohol alone could do the damage. As the years have passed, other illnesses have been examined in much the same way, first by acknowledging alcohol as a consistent fellow traveler but not necessarily the most responsible, later establishing more and more clearly that while other factors probably placed a part, alcohol itself was the major culprit.

Does alcohol increase the risk of cancer in human beings? Yes, it does, but not every type of cancer or in every organ. Cancers of the oral cavity, the larynx and esophagus are certainly related alcohol intake and this information comes not from giving enormous doses to laboratory rats but from human beings who have been drinking voluntarily. Primary carcinoma of the liver is also strongly related to alcoholism although it frequently follows cirrhosis of the liver which usually was caused by alcohol in the first place. More recently an extensive longitudinal duty in the New England Journal of Medicine of many thousands of nurses in different parts of the country suggested strongly a correlation between drinking and breast cancer but other competent studies have shown different results, so the jury is still out on that one. It is certainly safe to say that alcohol increases cancer risk significantly in several kinds of cancers, even when the effects of malnutrition and smoking are removed.

What about the question of high blood pressure? Again, there have been many good studies. Among them was a study, also of many thousands, by the Kaiser Permanate clinics in California in which the total number of drinks reported by patients was related to their blood pressure readings. The relationship was essentially linear, i.e., the more the drinking, the greater the degree of hypertension. When I was at one point working in the jungle in Surinam, I learned rapidly that almost all the patients would have anemia, hookworm and malaria. We had no research studies to prove this and didn't really need them. The situation was too self-evident working with older, though frequently affluent alcoholics in New York, we learned that almost all would at the time of admission present with elevated blood pressures and a mild degree of diabetes. After a brief period of abstinence, most of these problems would disappear altogether or, if they existed quite independently of the drinking they would become much easier to manage. While this is often seen in non-alcoholics as well when they are ill and under stress, it was not seen as consistently or to the same degree.

Does alcohol play a major role in causing high blood pressure, liver disease, cancer and other illnesses? Yes, of course. Will warning labels solve all the problems of drinking and alcoholism? Of course not. It is however worth considering that we have a duty to warn and that the public has a right to be offered the truth. No single approach will work for everyone, but warning labels will undoubtedly reach a number of people and will save a number of lives. It's worth doing.

I have watched the labeling issue make the rounds in Washington for years, have sat on the NIAAA Advisory Council during Carter's presidency and made trips to sit on committees in the HHS building while the matter was debated. It seems to me that there are two favorite approaches used by the opponents of labeling. One is "It's Not my Job!", a scenario in which FDA and BATF each manage to disclaim both authority and repsonsibility while neither gives up an inch of turf. The other is

"Labels Don't Work" which is presented with a rather interesting bit of circular logic. It is pointed out that we have never tried and hence never studied the efficacy of warning labels. With no trial, there can be little solid experience on which to base opinions. However, measures that would yield this information should not be tried because they haven't already been tried so we can't be sure in advance that they'll work. The final outcome of the discussions is to the postpone any action whatsoever until there has been yet another study which will probably again be received as inconclusive. And so it goes. I hope this particular committee will be able to break the log jam.

Senator GORE. Thank you very much.

Let me ask a few questions here and then I will have other questions in writing, and other members of the committee will also for you.

Dr. Jones, some estimates suggest that the economic cost of treating fetal alcohol syndrome is in the neighborhood of $2 billion annually in the United States. Do you agree with that assessment?

Dr. JONES. I have seen that data, but I certainly have not done any study to support that. But I have seen that data and it would not surprise me at all.

Senator GORE. We had a dialogue a few minutes ago about what you would advise a pregnant woman with regard to low levels of consumption during pregnancy. Later we will hear testimony suggesting that a warning label might induce needless fear and guilt in pregnant women who have already consumed alcohol before they became aware that they were pregnant.

Would you agree with that assessment, and should that be a reason for not implementing the warning labels?

Dr. JONES. No, I do not think that it should be a reason to not implement the warning labels. I think the guilt issue is an issue that exists for everybody when they are pregnant and are thinking about things that they are doing and not doing for themselves during pregnancy.

On the other hand, I believe very strongly that women are militant about that baby that is growing inside them. They will protect that baby, I believe, at any cost. And I think to a very great extent that is based upon the fact that we have survived as a species for these many years.

Women will do anything to protect their baby, and I think that that goes for taking drugs and chemicals and environmental agents. But they have to be educated. I think that this is simply another way to educate them.

And whereas I think it can bring up guilt, it certainly is not a reason not to go ahead with this labeling issue.

Dr. BLUME. May I comment on that, Senator. I have had a few children myself.

Senator GORE. Surely.

Dr. BLUME. That argument you mentioned to us is one that says, in effect, that women are too fragile to know the truth and we have to protect them from knowledge and information.

I testified in 1979 on this issue and it was brought up then. We women would like to know as much as there is to know, so that we can make our own choices, And we do not wish to be protected by people who are afraid that the information will make us too nervous.

Senator GORE. Okay, I would say that is a pretty good statement there.

Dr. Jones, there have been recent news reports about a survey of Maryland obstetricians and gynecologists indicating that, while 85 percent recognize the relationship between alcohol consumption and birth defects, only 43 percent of the doctors responding said they felt comfortable asking their patients to abstain from alcohol.

Do you agree with those statistics? And in your opinion, are obstetricians and other health care providers successfully informing women of the risks of drinking during pregnancy?

Dr. JONES. Well, I have not seen the Maryland study, so I cannot comment on that. But I really think that for the most part——

Senator GORE. But you are familiar with doctors who know about it, who are nevertheless reluctant to advise their patients abstaining?

Dr. JONES. There is no question I am.

I think that that does occur, because I think the issue of alcoholism is a very touchy issue to bring up with men and women. And I think we as physicians, being human beings, are uncomfortable bringing up issues that are uncomfortable to us with our patients.

Senator GORE. But this is not alcoholism, except in the minority of cases. This is alcohol consumption on the part not only of the alcoholics among the population, but of the majority who are not alcoholics. And the doctors are reluctant, even though they know about FAS now, they are reluctant to advise a woman that she should abstain from alcohol during pregnancy.

Excuse me, go ahead.

Dr. JONES. Oh, that is fine. I am aware that that does occur, but I am not aware that it occurs in as high a frequency as you suggest from the Maryland study. I think it is a shame that that happens.

I know it does happen. But I believe that the medical profession is to be commended as far as this is concerned. I think that when you look back on this issue and you recognize that as recently as the 1980 edition of William's Textbook of Obstetrics, which is the classic textbook of obstetrics, it stated in that edition that in fact alcohol is not dangerous to the unborn baby.

When you realize that as recently as that that was dogma, and when you realize that here we are in 1988 discussing a bill to put a label on alcoholic beverages, I think we have come a long way in those 15 years. And I think that physicians have really been at the forefront as far as the education of people with respect to this issue.

Senator GORE. Well, certainly the American Academy of Pediatrics has been concerned with this. Again, I will pursue more written questions later.

Dr. Morris, you testified to a new aspect of this that I don't think we have really heard about before, and that is that your study reveals that alcohol abusers are not only subject to more trauma and need more medical care, but that they are proportionally less likely to have health insurance and less likely to pay their own hospital and doctor bills.

Could you elaborate on that briefly?

Dr. MORRIS. Well, this may be new information to the lay public, but it certainly is not new to those of us who have trained in big

city urban hospitals. Alcohol abuse is associated with people who do not assume responsibility for their financial obligations, who do not assume responsibility for maintaining their health and, quite honestly, who do not even assume responsibility in many cases intellectually for the victims.

As recently as two days ago, I admitted a patient who had his second major motor vehicle accident in three years. He killed one person in the first and nearly killed himself, and then the second time ran into a family. And after we had gotten him through the initial resuscitation, had gotten him more stable, we confronted him with his alcoholism and the fact that at both times he entered the hospital with an elevated blood alcohol level.

And he refused to recognize that he had a problem. He refused to enter treatment that was offered to him, simply reinforcing the sense of irresponsibility.

We cannot coddle these people any longer.

Senator GORE. Now, you state that alcohol not only predisposes one to trauma, it increases the severity of the injuries and inhibits medical treatment of the patient. Why is that so?

Dr. MORRIS. Well, it is very clear that people with underlying liver disease and so on and so forth do not tolerate any sort of physiologic insult very well. People with cirrhosis do not tolerate surgery. They certainly do not tolerate massive injuries.

In addition, there is growing evidence that the blood alcohol, despite perceptions or misperceptions in the lay public, elevated blood alcohol increases ventricular irritability, irritability of the heart, especially when that heart is placed under stress, and increases a whole host of physiological mechanisms, to the ultimate detriment of the patient.

Quite honestly, in evolutionary terms we were not designed to have alcohol on board when we had a major accident, and that particular drug inhibits our response.

Senator GORE. Okay.

Dr. Blume, how do you deal with these studies that have come out in the last week or ten days saying that moderate use of alcohol by women produces health benefits? You are familiar with the two studies that came out?

Dr. BLUME. Yes, I am.

Senator GORE. The results of those studies are used by some to say that labels such as those required in S. 2047 would overwarn consumers and deny them important preventive health information.

How do you respond to that line of logic?

Dr. BLUME. Well, first of all about the question of moderate drinking, I think it has already been said, and I would very much agree with Dr. Gordis, that for moderate drinking its value or its lack of harm depends on the individual.

There are some people for whom no drinking at all is the best route—pregnant women, recovering alcoholics, people on certain medications. So group by group, that would differ.

Second, I think even the authors of these studies, interviewed in the newspapers, said that they were not recommending that anyone who does not now drink take it up as a preventive, and I would certainly agree with that.

We are talking about huge amounts of harm, not small effects. These are small benefits. We are talking about huge effects of harm. So I do not think we are overwarning. I think we are doing the opposite by not warning I think we are giving out the message that diet soda has some harm to it, perhaps if you are a phenylketonuric, but alcohol is okay.

Senator GORE. Dr. Bissell, do you want to respond to the same question?

Dr. BISSELL. I can't contribute very much because I am in such total agreement with Dr. Blume and Dr. Gordis. I can refer you to other studies but I do not think you would do more than update the reference list. The recommendations would be essentially the same.

Senator GORE. All right. Very good.

Dr. Blume, you indicated in your testimony in 1979 that since the purpose of labels is to encourage a better informed approach to alcohol use, the information should be specific.

Do you think that the labels in S. 2047 meet this criterion?

Dr. BLUME. They are much more specific than the 1979 legislation, which was a more general warning, and I like them much better. I would agree with my colleague Dr. Bissell that there are important omissions; perhaps with brain damage the word "brain" could be added to the list of organs.

But they certainly are a better approach than the 1979 approach.

Senator GORE. Dr Bissell, do you agree with that response?

Dr. BISSELL. Yes. I suppose if I had my way I would write an entire book on these labels but we can't very well do that.

Senator GORE. One of the labels that would be required by the bill is the following: "Warning: The consumption of this product which contains alcohol can increase the risk of developing hypertension, liver disease and cancer."

Based on your medical experience, you would say alcohol does indeed increase the risk of developing these three medical problems?

Dr. BISSELL. No question about it. As a matter of fact, the wording is a little bit soft in that it is saying "can increase the risk." It does not get anywhere near "cause," and yet I think Charles Lieber, MD, has well demonstrated a causal relationship between liver disease and alcohol toxicity. I do not think anybody can really give us a hard time with that. The facts are clear.

Senator GORE. Again, we will have to pursue further questions in writing because of our long agenda today.

Did you want to add a point?

Dr. BISSELL. Yes. I would like to make just one further comment. We have not talked much about addiction and physical dependency, and I think sometimes people are ignorant of the fact that when a person is physically dependent on alcohol, if that person is not skillfully managed during the withdrawal period, he/she may develop delirium tremens and actually die. In fact, in some of the old papers from Bellevue and elsewhere, before we knew how to treat folks properly, said that as many as 7 to 14 percent of the total number who went fully into DT's would eventually die, depending on which particular study it was.

Now, probably you have never known or known of an individual coming off heroin or the other narcotic drugs who has died in the process when the narcotic was the only drug involved. I think it pays sometimes to make the distinction as well as point out the huge difference in numbers of people involved, that being physically dependent on alcohol, the minor tranquilizers and the other sedative hypnotic drugs is a much more serious physical situation than being physically dependent either on the opiates or on cocaine.

Thank you.

Senator GORE. Thank you all very much. We appreciate your testimony today.

Our next to last panel is now invited to come to the table. Ms. Christine Lubinski, the Washington Representative for the National Council on Alcoholism; Dr. Kip Viscusi, Professor of Economics at Duke University; Dr. Robert Lloyd, Vice Chairman of the American Council on Alcoholism, and Ms. Jennifer Sussal from Rockville Centre, New York.

[Pause]

I would like to welcome all of you.

We invite you to summarize your prepared statements, each of which will be included in the record.

We will begin with you, Ms. Lubinski, representing the National Council on Alcoholism.

Welcome, and please proceed.

STATEMENT OF CHRISTINE LUBINSKI, WASHINGTON REPRESENTATIVE, NATIONAL COUNCIL ON ALCOHOLISM ON BEHALF OF COALITION FOR HEALTH AND SAFETY WARNINGS ON ALCOHOLIC BEVERAGES

Ms. LUBINSKI. Thank you very much.

My name is Christine Lubinski, and I am the Washington Representative for the National Council on Alcoholism. Today, though, I am here on behalf of NCA as well as on behalf of nearly 100 consumer, health, youth and religious organizations in support of S. 2047, a bill which would mandate health and safety warning labels on all alcoholic beverage containers. Some of these organizations include the Center for Science in the Public Interest, the American Public Health Association, the Council on Alcohol Policy, the American Medical Association, Mothers Against Drunk Driving, the National Federation of Parents for Drug Free Youth, the Consumer Federation of America, and the American Cancer Society, among a great many others.

As a coalition which represents the views of hundreds of thousands of Americans, we perceive health and safety warning labels on alcoholic beverages as one component of a comprehensive strategy to address alcohol problems in the nation. Warning labels will not end alcohol problems. They will provide Americans with important information about the products they are consuming and will notify the public that alcohol is a potentially dangerous drug.

Warning labels will not eliminate or even necessarily reduce alcohol consumption. They will alert consumers of alcoholic beverages of specific health and safety risks attendant on alcohol use.

Warning labels will complement other prevention and education initiatives, including school based curricula and public service announcements. The will institutionalize public health messages about alcohol use by placing this information constantly before the public eye on bottles and containers. Warning labels will provide important information for individuals who do not have access to medical care and who cannot rely on medical professionals for education about alcohol consumption.

Warning labels will educate women who are pregnant or who are considering pregnancy about alcohol use long before many of them receive prenatal care. A warning which carries the Surgeon General's advisory will formally and publicly establish abstinence from alcohol as the safest course of action during pregnancy.

Warning labels will help to set the record straight for youth who often do not consider alcohol to be a drug. S. 2047 would alert and hopefully curtail the all too frequent and dangerous youthful practice of combining alcohol with other drugs.

Warning labels will serve as an educational tool for families of pregnant drinkers and alcoholics. Many families do not understand that alcohol is an addictive drug and that for the alcoholic, drinking must stop before any other change can occur. Families can be instrumental in getting alcoholics to seek help.

Numerous consumer products bear health warning labels, including cigarettes, smokeless tobacco, over-the-counter medications, aspirin, prescription drugs and products containing saccharin. Ironically, the recommendation to simply extend this basic and low cost public information initiative to alcoholic beverages elicits cries of prohibition from the alcoholic beverage industry and its surrogates, the only visible opposition to this bill.

Industry advocates go on to express paternalistic concerns about frightening the so-called moderate drinking majority. Such charges are totally unfounded. Neither NCA nor the coalition have any interest in banning alcoholic beverages, and American consumers have clearly demonstrated a level of intelligence and thoughtfulness necessary to read a cautionary label and to respond accordingly.

Warning labels do nothing to inhibit the right of consumers to choose to drink alcoholic beverages. Labels will only help to ensure that those choices are informed ones.

Today's hearings, Mr. Chairman, are the fourth to be held by the United States Congress exploring the need and the efficacy for labels on alcohol. Two major government reports have been issued, and a third is in progress. Secretary of Health and Human Services Otis Bowen has expressed his personal support for warning labels before Senator Glenn's Committee on Governmental Affairs earlier this summer. The White House Conference for a Drug Free America has specifically called for health warning labels on alcohol in its final report.

It is nothing short of outrageous that an agency which, through a mishap of history, has jurisdiction over alcohol, with virtually no public health expertise, could tell this committee again in 1988 that action on this initiative is premature and must await yet another report which incidentally, for the record, was due in January, which now, like the 1980 report, will undoubtedly be released

in the last days of a lame duck administration and gather dust while changes occur in Washington.

And I would also like to say for the record that the BATF study was not a vote of the Senate but the request of one Senator, and I strongly urge that such a study not delay action on this issue.

We know we have bipartisan and broad-based support. According to a Gallup Poll, which would seem to preclude the need for this opinion poll we heard about, eight persons in ten, or 79 percent of the general public support warning labels. A May 1988 survey of physicians conducted by the AMA found four-fifths of physicians interviewed, 82 percent of physicians supported federal legislation to mandate health and safety warning labels similar to those found on cigarette packages.

Currently, the alcohol beverage industry, a $75 billion industry, has a corner on the alcohol information market. The industry spends over $2 billion a year educating consumers about the benefits of alcohol use. Alcohol advertising provides the single greatest source of alcohol education for American children. Warning labels will serve as a catalyst to open up the public information channels about alcohol.

Last night, Mr. Chairman, on a news report of a health educator's survey of teens and health found 40 percent of teens reported driving in a car with someone who was intoxicated while driving; one in seven reported thinking seriously about suicide, which is definitely alcohol related; one in five girls in this survey, teenage girls, have attempted suicide.

The recommendations of that report include a strong recommendation for more education on the serious health and safety risks facing teenagers in America. Can we in good conscience avoid one obvious information vehicle to provide clear messages about the health and safety risks of alcohol and not put those labels on every bottle of beer, wine and Scotch our children so easily access? And we need to do it this year.

Thank you very much.

[The statement and questions and answers follow:]

STATEMENT OF CHRISTINE LUBINSKI, WASHINGTON REPRESENTATIVE NATIONAL COUNCIL ON ALCOHOLISM ON BEHALF OF COALITION FOR HEALTH AND SAFETY WARNINGS ON ALCOHOLIC BEVERAGES

My name is Christine Lubinski and I am the Washington Representative for the National Council on Alcoholism. The National Council on Alcoholism is the leading voluntary health organization working nationwide to prevent and reduce alcoholism, drug dependency and other alcohol and drug-related problems. NCA's two leading missions are public education and public advocacy. We have 190 state and local affiliate councils which provide information and referral services to families and individuals with alcohol and other drug problems. Many of these local councils conduct prevention and education programs and involve citizens in grassroots advocacy efforts.

Today, I am testifying both on behalf of the National Council on Alcoholism as well as on behalf of nearly 100 consumer, health, youth and religious organizations in support of S. 2047 and H.R. 4441—bills which would mandate comprehensive health and safety warning labels on all alcoholic beverages. These organizations include the Center for Science in the Public Interest, the American Public Health Association, the Council on Alcohol Policy, the American Medical Association, Mothers Against Drunk Driving, the National Federation of Parents for Drug-Free Youth, the Consumer Federation of America, the National Perinatal Association and a great many others, including several of the other organizations represented here today. This coalition, which represents the views of hundreds of thousands of Ameri-

cans, perceives health and safety warning labels on all alcoholic beverages as one important component of a comprehensive strategy to address alcohol problems in American society.

Warning labels will not end alcohol problems. They will provide Americans with important information about the products they are consuming and will notify the public that alcohol is a potentially dangerous drug. Warning labels will not eliminate or even necessarily reduce alcohol consumption. They will alert consumers of alcoholic beverages of specific health and safety risks attendant on alcohol use.

LEGISLATIVE HISTORY OF WARNING LABELS

The Cong.ess and the Executive Branch have deliberated the issue of mandating health warning labels on alcoholic beverages for over ten years. On November 15, 1977, FDA Commissioner Donald Kennedy urged BATF to require health warning labels on alcoholic beverages which would outline the risks of birth defects from alcohol consumption during pregnancy. Although BATF concluded that there was sufficient evidence to require further action by industry and government, it postponed action on the issue, pending a public information campaign. On January 31, 1978, the Senate Subcommittee on Alcoholism and Drug Abuse held a hearing on "Alcohol Labeling and Fetal Alcohol Syndrome." Warning labels were supported by members of Congress, the Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) and the Commissioner of Food and Drug Administration (FDA), among others.

On may 7, 1979, the Senate passed by voice vote an amendment offered by Senator Strom Thurmond to require beverages containing more than 24 percent alcohol by volume to bear the following warning on their labels—"Caution: Consumption of alcoholic beverages may be hazardous to your health."

In the meantime, Senator Donald Riegle, Chairman of the Senate Subcommittee on Alcoholism and Drug Abuse solicited alcoholism and drug abuse field groups and the general public for views on health warning labels on alcoholic beverages. A subcommittee staff report was released which summarized the responses to the Riegle questions. Of the more than 250 responses to the Riegle questions. Of the more than 250 responses, those favoring warning labels outnumbered those in opposition by better than two to one. In September of 1979, the Subcommittee held the second Congress' nal hearings on health warning labels on alcoholic beverages.

Alth gh warning labels had been endorsed by the Department of HEW, the Thurmond amendment was dropped in conference and replaced by a mandated study to be conducted by the Departments of HHS and Treasury on the *Health Hazards Associated with Alcohol and Methods to Inform the General Public of These Hazards*. This report is still considered a valuable resource because of its meticulous documentation of the various health and safety risks attendant on alcohol use and the serious gaps in public knowledge regarding these hazards. What was and is less valuable about this report was its conclusion—that warning labels, including one to warn of the risks of drinking during pregnancy, were premature. This conclusion, from a document whose content seemed to be moving towards a very different recommendation, was so controversial that it was issued with an unprecedented Carter White House disclaimer which stated the support of the White House for waring labels.

Federal attention again turned to health risks associated with alcohol use in July 1981, when the Surgeon General issued the first and only advisory to date regarding alcohol and health which alerts pregnant women and women considering pregnancy to abstain from alcoholic beverages and to be aware of the alcohol content of food and drugs. On September 21, 1982, Senator Gordon Humprhey, Chairman of the Senate Subcommittee on Alcoholism and Drug Abuse, held a hearing on alcohol consumption during pregnancy. Testimony offered by NCA, the American Medical Society on Alcoholism and the Chairman of the Alcoholism Panel of the American Medical Association reiterated the need for health warning labels on alcoholic beverages about the risks of drinking during pregnancy.

Senator Thurmond continued to introduce warning label legislation in succeeding sessions of Congress. On May 20, 1986, Senators Thurmond, Kennedy and Hatch successfully amended the reauthorization of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the Senate Labor and Human Resources Committee to require rotating health warning labels on alcoholic beverages. This bill—which was similiar to legislation now pending—would have required labels on the dangers of drinking during pregnancy, drinking and driving, the risks of drinking while taking other drugs, and the links between alcohol consumption and cancers, hypertension and liver disease. This bill departed from previous labeling legislation

both in the specificity of the labels and in its inclusion of all alcoholic beverages under the labeling mandate. The warning label bill languished on the Senate calendar and died at the end of the 99th Colngress.

A Sense of the Senate Resolution contained in the Anti-Drug Act of 1986 requested a study from the Public Health Service on the efficacy of warning labels and recommendations for their specific wording. *A Review of the Research Literature on the Effects of Health Warning Labels* was released to Congress on August 3, 1987. The findings indicate that health warning labels can affect consumer behavior, provided they are appropriately designed and executed. The report also points out the importance of reinforcing warning labels with other public education strategies.

In the 100th Congress, warning label legislation has been introduced in both Houses of Congress by Senator Strom Thurmond and Representative John Conyers, Jr., S. 2047 and H.R. 4441 would require five rotating warning labels on all alcoholic beverages including a label which would warn that alcohol is a drug and may be addictive.

Today's hearings are the fourth to be held by the United States Congress exploring the need and the efficacy for labels on alcohol. Two major government reports have been issued and a third is in progress. Secretary of Health and Human Services Otis Bowen has expressed his personal support for warning labels before Senator Glenn's Committee on Governmental Affairs this summer and the White House Conference for a Drug Free America has specifically called for health warning labels on alcohol in its final report. We are in the midst of a national mobilization to address the nation's drug problem. Appropriate federal regulation of the nation's favorite legal drug, alcohol, is in order. Enactment of legislation mandating rotating health and safety warning labels on all alcoholic beverages is long overdue.

THE CASE FOR HEALTH WARNING LABELS ON ALCOHOLIC BEVERAGES

Alcohol is the most widely available and the most destructive drug in America. Of the approximately 110 million adult drinkers in 1985, 10.5 million were alcoholics. Another 7.2 million adults experienced at least one serious consequence of alcohol use in the preceding year. For every alcoholic or problem drinker, another four people close to the drinker suffers negative effects. As many as one American in every three says an alcohol-related problem has caused trouble in his or her family.

The adverse economic impact of alcoholism and other alcohol-related problems is nearly $120 billion per year; there are almost 100,000 deaths from alcohol-related causes. Fetal Alcohol Syndrome is among the top three leading known causes of birth defects with accompanying mental retardation, and the only preventable one among the top three—preventable by not drinking. Brain damage by alcohol is second to Alzheimer's disease as a known cause of mental deterioration in adults. Alcohol contributes to other chronic illnesses, including cardiac myopathy, hypertension, pneumonia, and several types of cancers. Even light drinkers have doubled their risk of hemorrhagic stroke compared to abstainers.

In the just released federal report, *The Surgeon General's Report on Nutrition and Health*, alcohol is identified as one of five areas of recommendations for most people. Thge alcohol recommendations include a directive to limit alcohol intake to no more than two drinks a day and guidelines to avoid alcohol when driving, operating machinery, taking medication, during pregnancy and when engaging in any other activity requiring judgment. The report also states that if health labeling on alcohol is required, labels should include "information warning of hazards to the developing fetus as well as of other health hazards associated with alcohol consumption abuse (p. 661)."

The cost of alcohol related problems to our society is enormous. In 1987, the U.S. spent almost $500 billion on health care. Almost $100 billion, or 20% of these hospital care expenditures were for alcohol related problems. In one study conducted by NIAAA between 1980 and 1983, it was found that alcoholic families were found to use health care services and incur medical costs at nearly twice the rate of similar, non-alcoholic, families.

Alcohol remains the most widely used drug among American youth. Although young people may drink less regularly than older people, they tend to consume large quantities of alcohol and are more likely to become intoxicated. In 1986, an estimated 4.6 million adolescents aged 14 through 17—one in every three—experienced negative consequences of alcohol use, such as poor school performance, trouble with parents or involvement with law enforcement personnel. Recent surveys indicate the first drinking experience today usually occurs around age 12, in contrast to ages 13-14 in the 1940's and 1950's. It is no longer unusual for 10-12 year olds to have serious alcohol problems.

Our children do not identify alcohol as a drug. A 1987 Weekly Reader National Survey on Drugs and Drinking indicated that only 50 percent of fourth graders knew that beer, wine or liquor is a drug, compared to 87 percent who know that marijuana is a drug.

And while adults may know that alcohol is a drug and can cause problems, studies indicate that the American public does not have information about the specific risks associated with alcohol consumption. For instance, while 90 percent of the public is aware that drinking during pregnancy may damage the fetus, in one study, one third of the women interviewed believed that an average daily consumption of more than three drinks was safe during pregnancy. A 1985 government survey found that only 57 percent of Americans of all ages had heard of the Fetal Alcohol Syndrome. A number of recent studies have strongly supported an association between alcohol consumption and breast cancer in women. Moreover, studies suggesting some protective influence of moderate alcohol consumption by women for cardiovascular disease found positive associations between alcohol consumption and stroke and hypertension in females.

A recent report from the National Center for Health Statistics pointed out that Americans are less knowledgeable about the adverse effects of alcohol on health (with the exception of cirrhosis of the liver) than they are about the harmful effects of smoking. Only one in three of those surveyed knew that alcohol was associated with cancers of the throat and mouth.

No one can argue that consumption of alcohol has the potential to pose serious threats to the health and welfare of the American people. Alcohol is a drug which should be used with caution. It is a particularly dangerous product for pregnant women, youth, individuals who are taking medication, drivers, children of alcoholics and recovered alcoholics.

Yet, alcohol continues to be exempted from a number of key consumer information strategies, including content and health warming labels. Numerous consumer products bear health warning labels including: cigarettes, smokeless tobacco, over-the-counter medications, aspirin, prescription drugs and products containing saccharin. Warning labels on these products offer consumers concrete information about risks associated with these products which they can then apply to their own health and environmental situations. Labels recommending avoidance of certain products when pregnant or when driving or operating machinery are commonplace on many products found in the local grocery or drugstore.

None of these products is responsible for the massive societal, health and economic damage as that caused by the use of alcohol. Ironically, the recommendation to simply extend this basic and low-cost public information initiative to alcoholic beverages elicits cries of prohibition from the alcohol beverage industry and its surrogates—the only visible opposition to this initiative. Industry advocates go on to express paternalistic concerns about frightening the so called "moderate drinking majority." Such charges are totally unfounded. Neither NCA nor the overwhelming majority of coalition members have any interest in banning alcoholic beverages. And American consumers have clearly demonstrated a level of intelligence and thoughtfulness necessary to read a cautionary label and to respond accordingly. Warning labels do nothing to inhibit the right of consumers to choose to drink alcoholic beverages. Labels will only help to ensure that those choices are informed ones.

Currently, the nation's $75 billion a year alcoholic beverage industry has a corner on the alcohol information market. The industry spends over $2 billion a year educating consumers about the benefits of alcohol use. Alcohol marketing and advertising provides the single greatest source of alcohol education for American children. Our children will see close to 1000,000 television commercials for beer alone by the time they are eighteen. While prevention and education programs in the schools and in our communities can make a difference, they cannot compete with the powerful and seductive influence of advertising which associates alcohol use with beauty, economic power, sexual fantasies and athletic achievement. In such an environment, it is no wonder that American youth become confused by say no to drug messages and frequently are not aware that alcohol is a drug.

Health warning labels will complement other prevention and education initiatives, including school-based curricula and public service announcements. They will institutionalize public health messages about alcohol use by placing this information constantly before the public eye on bottles and containers.

The experience with cigarette labeling indicates that the public is responsive to information detailing specific health risks. A 1981 Staff Report on the Cigarette Advertising Investigation, prepared by the Federal Trade Commission, noted that consumers were interested in more information about specific health hazards of smok-

ing, even though their general awareness regarding smoking was high. Groups cited as particularly vulnerable included teenagers, pregnant women and persons with pre-existing medical conditions which are aggravated by smoking. These would be prime audiences for the alcohol-related health and safety warning labels.

Warning labels will provide important information for individuals who do not have access to medical care and who therefore, cannot rely on medical professionals to educate them about risks associated with alcohol consumption. This is particularly important for pregnant women who may not receive prenatal care until very late in their pregnancies. A warning which carries the Surgeon General's advisory will formally and publicly estabish abstinence from alcohol as the safest course of action during pregnancy.

Warning labels will help to set the record straight for youth who often do not consider alcohol to be a drug. They will help to counter the mixed messages youth often receive from adults—the all too common picture of an adult with a drink in his or her warning about the dangers of "drugs". Moreover, S. 2047 would alert and hopefully curtail the all too dangerous youthful practice of combining alcohol with other drugs.

Warning labels will serve as an educational tool for families of problem drinkers and alcoholics. Many families do not understand that alcohol can be an addictive drug and that for the alcoholic, drinking must stop before any other change can occur. This type of education is particularly important since families can be instrumental in getting alcoholics to seek help.

Finally, and perhaps most importantly, warning labels will serve as a catalyst to open up the public information channels about alcohol. The pervasiveness of alcohol in our society and the ubiquitous alcohol ads have served to numb the American public to the magnitude of alcohol problems in our nation. The national "war on drugs" has all too often excluded alcohol in the rhetoric and in the programming.

BIPARTISAN AND GRASS ROOTS SUPPORT FOR ALCOHOL LABELING

The American leadership and general public support a warning label requirement. A 1984 Roper survey of alcohol problems reported that 64 percent of business, government, military and other leaders endorsed mandatory health warning labels and 68 percent of the general public agrees. According to a 1986 Gallup poll 8 persons in 10 or 79 percent of the general public support warning labels. A May, 1988 survey of physicians conducted by the American Medical Association found four-fifths of physicians interviewed, 82 per cent, supporting federal legislation to mandate health and safety warning labels on alcoholic beverage containers similar to those found on cigarette packages.

Support for labeling is bipartisan. American leaders in support of labeling include former First Lady Betty Ford, former Senator Harold Hughes and the Reverend Jesse Jackson. Senator Strom Thurmond and Representative John Conyers have come together on this issue. Warning label legislation offers the United States Congress an opportunity to contribute positively to the war on drugs without spending an additional dollar of the taxpayers' money.

Local communities and states have attempted to fill the vacuum in federal leadership in this area by enacting their own alcohol warning initiatives. New York City, Washington, D.C., Philadelphia, Los Angeles, and San Diego and some two dozen other cities and localities have enacted ordinances requiring posters at points of purchase for alcoholic beverages warning of the dangers of drinking during pregnancy. Warning label legislation, similar to S. 2047, has been introduced in the state legislatures of California, Pennsylvania, New Jersey, Florida and Massachusetts. these efforts are important and in communities where fetal alcohol syndrome warning signs have been posted, the increase in public awareness has been measurable. But alcohol problems are problems of national proportions which go well beyond state lines. One's level of knowledge about risks associated with alcohol use should not depend on where one lives in the country. Warning signs, while effective, only alert those consumers who purchase their own alcoholic beverages and enforcing sign ordinances is a mammoth task. States only have the authority to reqire warning labels on alcoholic beverages produced within the state borders. Federal action is required if uniform messages about health and safety risks associated with alcohol use are to reach every American consumer.

Just as states and communities have sought to respond to the need for health warnings to the public about alcohol, so has the judicial system become involved. There are now a number of serious product liability suits pending against alcohol producers for failure to warn. In Seattle, Washington, four fetal alcohol syndrome children and their families are suing alcohol producers for failure to warn of the

risks of drinking during pregnancy. In Pennsylvania, the wife of a young man who died of severe pancreatitis after drinking 2-3 beers a day for a period of years has a major beer producer in court. Ameliorative Congressional action now to require warning labels on all alcoholic beverages will help to prevent additonal needless alcohol-related tragedies from occurring simply because the consumers did not know and a multi-billion industry did not choose to warn.

Alcohol problems are complex and pervasive and a significant reduction in the social and economic toll of alcohol to the nation will require a comprehensive plan and years of concerted effort among all sectors of our society. Warning labels on alcoholic beverages are only one critical component of that plan. It is unclear how much of an impact warning labels will have on actual drinking behavior. We don't know until we try. Decisions about drinking will still rest ultimately with the alcohol consumer. But we do know that the federal government has a responsibility to protect the public health. And we do know that consumers have a right to know about the health and safety risks associated with legal products that they purchase and consume.

This Committee has the opportunity to make a valuable and cost-effective contribution to our national commitment to reduce drug problems in America. On behalf of the 100 organizations involved in the Coalition for Health and Safety Warning Labels on Alcoholic Beverages, I urge you to ensure that another session of Congress does not end without the enactment of legislation mandating health and safety warning labels on every bottle and container of alcoholic beverages produced in America.

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

Question 1. A publication from the beer institute states that your objective in supporting labels is to reduce consumption of alcoholic beverages, and that labels are the first step in a more complex agenda intended to return us to prohibition. Is that accurate?

Answer. When a representative of the alcohol beverage industry was asked by the Subcommittee Chairman to name a "prohibitionist" in the coalition which advocates health warning labels, the industry witness was unable to do so. Because the industry cannot debate this issue on the merits (as indicated by their lack of desire to testify at the hearing), they resort to criticizing health warning label advocates by categorizing us as advocates of an unpopular issue like prohibition. We are not prohibitionists. Calling this legislation prohibitionist is merely the red-herring strategy of an industry desperately, but unsuccessfully seeking arguments against this legislation on the merits.

The purpose of this legislation is education—not prohibition.

Question 2. Opponents of the legislation state that warning labels are simplistic and should not serve to replace more complete, accurate information provided by medical personnel. In your testimony, you refer to the value of labels in providing information to those who do not access the health care system in this country. How many of these people outside the health care system would benefit from these labels, in you opinion?

Answer. The recent study that was conducted on the effectivensss of health warning labels by the Department of Health and Human Services concluded that these labels can be an effective component in a comprehensive effort to educate the American consumer. We agree with the view, and have never believed that these labels would be a panacea to the problem of providing information to the consumer concerning alcohol consumption. Because they are a useful *component* in an educational process, it will always be difficult to specifically identify which groups will receive the most benefit from these labels. The coalition does not dispute the fact that accurate information by medical professionals is also an important part of the educational process. The American Medical Association, the American Academy of Pediatrics and other health care professional groups are a part of our coalition. Their endorsement clearly indicates that the goal of providing such information on alcohol beverage containers is not intended to pre-empt the advice of medical professionals.

Unfortunately, many Americans do not have sufficient access to the health care system in this country. For example, 37 million working Americans are uninsured. There are as many as two million homeless Americans. In a 1986 Alan Guttmacher Institute Survey, 34% of all pregnant women received inadequate prenatal care. Sixty-five percent of women on Medicaid, according to a September, 1987 GAO report, received in adequate prenatal care.

Americans who have access to health care professionals can certainly benefit from these labels. For the millions of Americans without sufficient access to health care, we believe these labels can be especially helpful.

Question 3. You have testified that you support warning labels as a means to identify alcohol as a drug, setting it apart from non-alcoholic beverages. Could ingredient labels, which I know are not on these containers, serve that purpose?

Answer. Ingredient labeling is important, and we support it. However, a listing of the ingredients in the beverage is not a substitute for the health and safety consequences of alcohol consumption.

Question. 4. You view labels as part of an overall educational effort, and say that alcohol is exempted from basic consumer protection and information strategies. What is the reason for this situation, in your opinion, and what in addition to labeling is necessary?

Answer. Alcohol has been exempted from basic consumer protection and education initiatives because the political power of the alcohol beverage industry has continuously and systematically blocked efforts to extend such efforts to alcoholic beverages. We also advocate the transfer of alcohol labeling jurisdiction from BATF to the Public Health Service, i.e., F.D.A. where there is medical expertise and where this issue will be viewed primarily from the perspective of the impact which alcohol has on the health and safety of the American public.

Senator GORE. Thank you for a very strong statement.

Dr. W. Kip Viscusi, Professor of Economics at Duke University in Durham.

Welcome, and please proceed.

STATEMENT OF W. KIP VISCUSI, GEORGE G. ALLEN PROFESSOR OF ECONOMICS, DEPARTMENT OF ECONOMICS, DUKE UNIVERSITY

Mr. VISCUSI. Mr. Chairman, thank you for the opportunity to testify here today.

I am the George G. Allen Professor of Economics at Duke University. My academic specialty is the economics of risk and information. I have written six books and 78 articles in this area, and I was one of the two principal consultants on the 1987 report on warnings programs prepared by Macro Systems for the National Institute on Alcoholism and Alcohol Abuse. This is the Public Health Service report that is cited in S. 2047, and it is the study that has been the most widely cited document in the debate over this proposed bill.

S. 2047 states that this Public Health Service Study concluded that health warning labels on alcoholic beverages can be effective in increasing consumer knowledge and can have an impact on consumer behavior, particularly in combination with other educational initiatives. As the principal consultant on the report, I must point out that this statement simply is not correct. The study has been misused.

The report does not specifically deal with alcoholic beverage warnings, and it contains no conclusions about whether such warnings will or will not be effective. The report merely reviews the literature on warnings generally, and it finds that in some cases warnings work and in some cases they do not.

There has been no examination of what information gaps exist nor has there been any study of how consumers will respond to alcohol warnings. It is irresponsible from a policy standpoint to launch a major national policy without any sense of what its implications will be both for alcohol use and for the credibility of other warning programs.

S. 2047 does not satisfy the criteria for a successful hazard warning program and should not be adopted by Congress.

In the course of my research, Mr. Chairman, I have identified six basic principles regarding hazard warnings. I would like to review three of these and comment briefly on why S 2047 and the proposed warnings fail to meet these principles. My written statement which is submitted for the record contains a more detailed discussion of all six points.

First, to be effective, warnings must convey new information either about risks or precautions. My research has shown that warnings can work in particular in situations where warnings play a constructive role in providing new knowledge. To note only two examples, warnings such as S. 2047's Warning No. 2, which indicates that drinking can impair one's driving ability, and No. 5, which in effect indicates that too much drinking can make one an alcoholic, do not provide new knowledge to consumers and would not be effective warnings.

Alcohol risks are among the most highly publicized and well known risks in society. Indeed, 81 percent of Americans regard alcohol abuse as a major national problem, and only 2 percent do not view it as a national problem. Drunken driving, the risk covered by Warning No. 2, has long been a target of public education campaigns. The risks of driving and drinking are well known, obvious and receive substantial publicity.

The addictive drug warning, No. 5, also is in line with current public perceptions of alcohol. Two-thirds of the American public agree that withdrawal from alcohol can be just as serious or life threatening as withdrawal from heroin, and an even greater percentage would describe an alcoholic as a drug addict.

What will Warning No. 5 add to this knowledge? Do we really want to suggest that moderate heroin use is in the same class as moderate drinking?

The proposed warnings appear to be largely intended to browbeat individuals into changing behavior rather than trying to convey new information that they did not already have before. As a result, they will not be effective.

Second, the most effective warnings indicate to consumers the risks that they face as well as the precautions that they must undertake to alter the risks. Two key elements are involved here. First, if labels make consumers aware of the risks, they will recognize that there is some benefit to taking precautionary action. Second, the indication on the label of what precautions to take will enable consumers to know how they can reduce the risk.

The proposed federal warnings would not accomplish these informational tasks. The warnings consist merely of risks that are brought to consumers' attention, but there is generally no discussion of precautions. The warnings are overbroad and seem to indicate that any quantity of the product whatsoever is harmful, whereas the main societal concern is with abuse, not use.

Such undiscriminating warnings do not convey accurate information.

Third, use of on-product labels wrongly leads consumers to conclude that the product poses a high risk under all circumstances of use. Introduction of an alcohol warning label system, particularly

one that places alcohol in the same class of addictive drugs as heroin, would convey to consumers that alcoholic beverages pose a very high risk to all consumers of the product, irrespective of how much you drink. The indiscriminate scare messages proposed in S. 2047 will undermine the credibility of other warning programs because the messages run counter to the consumers' own experience, not to mention the Surgeon General's findings about moderate drinking.

Based on my review of S. 2047, I urge that it not be adopted. Warnings policies such as on-product labels do have an important and visible role to play in the U.S. economy. However, introduction of a misguided labeling policy does a disservice to those of us who are attempting to use warnings to convey legitimate risks to consumers in a meaningful fashion.

As a society, we should reserve the use of warnings for situations in which there is a significant risk whose existence or extent is not known, which merits well-defined individual precautionary action and which we can convey accurately and effectively using an on-product label. The alcoholic beverage situation simply does not fall inn that class.

[The statement and questions and answers follow:]

STATEMENT OF W. KIP VISCUSI, GEORGE G. ALLEN PROFESSOR OF ECONOMICS, DEPARTMENT OF ECONOMICS, DUKE UNIVERSITY

BACKGROUND

The following is an evaluation of the proposed Federal labeling policy for alcoholic beverages as contained in S. 2047. My discussion draws substantially upon my past professional experience in this area, and I would like to elaborate on the character of this experience since it distinguishes my comments from the perspectives that other individuals might offer.

My academic research has foscused almost exclusively on aspects of how workers learn, how consumers learn, and more generally on how hazard warnings affect both the risk perceptions and the behavior of these individuals.

Of the six books and seventy-eight articles that I have written, most deal with risk-related issues. My most recent book, *Learning about Risk: Consumer and Worker Responses to Hazard Information*, which was published in 1987 by the Harvard University Press, presents the first detailed assessment of how hazard warnings affect individual behavior. In addition, I have recently written two papers dealing with cancer warnings for food products. My role within the hazard warning literature is the following. I have published results for the only controlled experiments of the effect of hazard warnings on individual behavior. These studies take advantage not only of the insights of the discipline of economics, but also insights provided by the fields of psychology, marketing, and decision sciences. In partial recognition of the relevance of these diverse fields, I am also the founding editor of the *Journal of Risk and Uncertainty*, which is a multidisciplinary journal that addresses such issues.

My most extensive involvement with hazard warnings began in the early 1980s when I was asked to settle a controversy betweeen the U.S. Office of Management and Budget and the Occupational Safety and Health Administration over the OSHA hazard communication proposal. This proposal, which would have required the labeling of all hazardous chemicals in manufacturing industries, had been appealed to Vice-President Bush after a prolonged inter-agency dispute. My analysis of the desirability of warnings in this instance led to the issuance of the regulation by the Reagan administration. The pivotal role that my analysis played in leading to the issuance of the regulation has been documented by both the *New York Times* and the *Washington Post*. Thus, my first major involvement in the hazard warning policy area was a pro-labeling analysis.

The second series of activities in which I have been involved has been to undertake a series of controlled field experiments to evaluate labels for the U.S. Environmental Protection Agency. The focus of these studies has been on the effect on con-

sumers of labels for pesticides and household chemicals. These studies, along with my other analyses of worker responses to labeling and consumer responses to food risk labels, were the first carefuly controlled experiments in the literature. Thus, they enable us to better understand when lables work and which labels work, and I will draw upon these results in discussing the Federal alcohol label proposal. In recognition of this work, I was asked to be one of the two principal consultants to the 1987 report on warnings programs prepared by Macro Systems for the National Institute on Alcoholism and Alcohol Abuse. This is the Public Health Service report that is cited in point (10) of S.2047, and it is the study that has been the most widely cited document in the debate over this proposed bill. In addition, I have been asked to prepare an analysis of the role of hazard warnings in legal contexts in my capacity as Associate Reporter for the American Law Institute Project on Compensation and Liability for Product and Process Injuries. In short, I have maintained a high profile in the labeling area and have generally been associated with work that attempts to assess when and how labels can be used in a constructive and effective fashion. Thus, my academic work is generally quite supportive of the use of labeling as a policy alternative in situations in which labels will be effective.

ANALYSIS OF THE S. 2047

The approach that I will take to S. 2047 is not to consider each of the individual warnings separately, but rather to develop principles for hazard warnings and indicate how these principles relate to the proposal. My overall conclusion is that the proposed on-product labels are not appropriate, but I would not rule out the appropriateness of other forms of information provision to consumers.

1. To be effective, warnings must convey new information either about risks or precautions.

Warning efforts that are effective are those that convey new information to the individual in a convincing manner. Thus, I draw a distinction between programs of information and programs of "education" in which the object is to persuade consumers to alter their tastes. Studies in the literature indicate that such programs of persuasion have for the most part been failures. Indeed, it is because of this phenomenon that until recently most observers would have claimed that the warnings literature showed that warnings simply are not an effective policy alternative. My research has shown that there are circumstances when warnings can work—in particular, in situations where warnings do in fact play a constructive role in providing new knowledge.

In view of this phenomenon, I have concluded that S. 2047 warning No. 2 (which indicates that drinking can impair one's driving ability) and No. 5 (which in effect indicates that too much drinking can make one an alcoholic) do not provide new knowledge to consumers and would not be effective warnings. The health risk warning No. 4 also overlaps with recent public information efforts.

Alcohol risks are among the most highly publicized and well known risks in society. Indeed, eighty-one percent of Americans regard alcohol abuse as a major national problem, and only two percent do not view it as a national problem (1985 Gallup Poll).

Drunken driving.—the risk covered by warning No. 2—has long been a target of public education campaigns. The risks of drinking and driving are well known, obvious, and receive substantial publicity. Newspaper coverage of these risks also has risen dramatically in recent years, as coverage of drunken driving risks has increased by a factor of more than 30 (Nexis count of AP stories) in the past decade.

This press coverage has included the health risks captured in Warning No. 4 as well. The number of AP articles per year on fitness and alcohol, diet and alcohol, or on alcohol abuse has increased more than ten-fold in the past decade. The effect of these efforts has been so great that more teenagers now tend to view alcohol as a greater risk than cigarette smoking (1985 Gallup poll).

The addictive drug warning No. 5 also is in line with current public perceptions of alcohol. Two-thirds of the American public agree that "withdrawal from alcohol can be just as serious or life threatening as withdrawal from heroin," and an even greater percentage would describe an alcoholic as a "drug addict" (1985 Gallup poll). More to the point than these factual quiz questions is that the risks and dangers of alcoholism are universally understood. What will warning No. 5 add to this knowledge? Do we want people to believe that "moderate" heroin use carries no more risk than moderate alcohol use? In short, doesn't it show a lack of judgment on Congress's part to equate use of alcohol with use of hard drugs such as heroin?

Even warning No. 1 for alcohol risks to pregnant women may have little informational content. Although many people cannot define "fetal alcohol syndrome," nit-

picking over definition of medical terms is not the issue. There is already a widespread belief that drinking can be harmful to a fetus. A 1987 Gallup poll indicated that 90 percent of the population agree strongly or somewhat that "the use of alcohol by pregnant women can cause birth defects" (*Alcoholism and Addiction*, July-August 1987, p. 10). This response reflects substantial awareness of the risks, particularly given the wording of the question. If the survey had dealt with alcohol abuse rather than including moderate drinking as well, no doubt a greater fraction of the population would have expressed awareness. In addition, over three-fourths of all of women of childbearing age list alcohol as a substance they should avoid (1985 New York poll). I have run open-ended memory recall studies myself, and this is a striking response for an unprompted memory recall question. Thus, even the warning related to birth defects appears to add little to consumer knowledge.

The substantial media attention devoted to these various risks may not simply have added to consumer awareness. Rather, studies of the psychology of risk perception indicate that widespread publicity often leads to overestimates of risk levels. Subsequent consumer responses may be inappropriate, and the credibility of this and other warning efforts may be jeopardized. It is noteworthy that there has been no documentation of a gap in consumer knowledge with respect to any of the risks covered by S. 2047. Demonstration of a lack of such information is an essential prerequisite before proceeding with a warning campaign. The proposed warnings appear to be largely intended to browbeat individuals into changing behavior rather than trying to convey new information that they did not already have before. As a result, they will not serve a constructive purpose.

2. The most effective warnings indicate to consumers the risks that they face as well as the precautions that they must undertake to alter the risks.

Thus, two key elements are involved. First, if labels make the consumers aware of the risk they will recognize that there is some benefit to taking precautionary actions. Second, the indication on the label of what precautions to take will enable consumers to know how they can reduce the risk. Our objective is to foster informed choice, not to reduce alcohol consumption.

The proposed Federal warnings do not fill these informational tasks. The warnings consist merely of risks that are brought to consumers' attention, but there is generally no discussion of precautions. In effect, I would characterize these warnings as being of the form: "Don't buy this product since . . ." Such a warning policy is not only not informative, but I do not believe that it is credible. The warnings are overly broad and seem to indicate that any quantity of the product whatsoever is harmful, whereas the main societal concern is with abuse, not use.

Such undiscriminating warnings do not convey accurate information. Although pregnant women are urged not to drink at all because the safe level of consumption has not been determined, moderate drinking has generally not been associated with the risks to be communicated by the proposed labels. Indeed, the recent Surgeon General's Report on Nutrition and Health concludes that "consumption of one to two drinks per day has not been associated with disease among healthy male and nonpregnant female adults." The risks related to alcohol accelerate at high alcohol consumption levels, and the warnings do not make this clear. Thus, the warnings convey inaccurate information that will either misinform consumers or fail to be credible.

The warning with respect to combining alcohol and drugs seems to be particularly inappropriate. Alerting consumers to a general link does not enable them to make the distinction with respect to specific adverse interactions. Combining alcohol with barbiturates poses a quite different risk than combining alcohol with aspirin. A more sensible approach, which we now have, is to provide prominent warnings with the drugs that pose particularly large risks when associated with alcohol. In addition, physicians bear responsibility for instructing patients in the proper use of products they prescribe, and it is these prescription drugs that pose the greatest interactive danger. The pharmaceutical industry and the medical profession should not be permitted to shift their responsibility to an all-purpose warning that is not well designed for making decisions on specific drugs.

3. On-product labels are most effective for limited information transfer.

Labels can only do so much in term of the kinds and amount of information that they can convey. Labels are most useful as a warning device in situations in which reading the label is an essential part of using the product. Consumers need not read the beer, wine, or liquor warning in order to drink the product, and in many cases they do not even see the container during their use of the product.

In situations in which one wishes to convey a fairly complex message, a label is not the best alternative. I would characterize S. 2047 warnings No. 1, 3, and 4 as

being complex. They leave consumers with more questions than answers. Ideally, one would like to tell individuals much more than the simple statements that link alcohol to birth defects, that indicate possible adverse interactions with drugs, and highlight health effects such as cancer. One might want to educate people regarding the amount of alcohol that is involved in such causal links, the duration and frequency of such risk exposures and how they affect the risk, and so on. Such information is too lengthy and complex to be suitable for a short alcoholic beverage label.

More generaly, it would seem that there are other information transfer mechanisms that are more appropriate for conveying this message. In the case of the warning to pregnant women, I believe that physicians provide a much more capable and credible mechanism for conveying the warning. In the case of the broader health risks of alcohol, longer treatments of the issue in the media would be much more effective, as would education programs in our schools. Health and welfare agencies at both the state and Federal level can contribute to this discussion, and some alcohol producers have done so as well. Adverse combinations of alcohol with drugs should be handled through physician advice and warning labels on the drugs for which there is potentially dangerous interaction. The dissemination of information is important, but labels on alcohol are not the most appropraite means for accomplishing this task.

4. Use of on-product lables wrongly leads consumers to conclude that the product poses a high risk under all circumstances of use.

Society has reserved the use of warning labels for only selected fairly high risk situations. Most consumer products bearing warnings are items such as toilet bowl cleaner, insecticide, lye, and similar chemical products. The use of warning labels for tobacco and food-related products intended for human consumption is limited to two cases. Warning labels for cigarettes have been in place since the 1970s.

Introduction of an alcohol warning label system, particularly one that places alcohol in the same class of addictive drugs such as heroin, would convey to consumers that alcoholic beverages pose a very high risk to all consumers of the product, irrespective of its use. I believe that doing so is misleading. In addition, such indiscriminate use of warnings for a product that poses low or no risk under conditions of moderate use will undermine the effectiveness of warnings in situations in which we do wish to call individuals' attention to legitimate risks.

There are three reasons why the warning will suggest to consumers that this is a very risky product. First, the very presence of an on-product warning has powerful informational content. Unfortunately, the indiscriminate scare message of the label will undermine the credibility of these and other government warnings programs because it runs counter to the consumer's own experience—and the Surgeon General's findings—about moderate drinking. Secondly, consumers may not understand what precautions they should take. Third, the content of the warning, ranging from the use of the human hazard signal word "warning" to the warning content, including terminology such as "cancer" and "addictive," suggests that this is a very hazardous product. If consumers take these warnings at face value, there may be some discouragement of moderate drinking, but there is likely to be little change in the behavior of the group at risk—abusive drinkers. Some consumers will be unduly alarmed, and others may dismiss it altogether because warning information that makes no distinctions regarding the amount of usage is not credible. Overall, consumer reactions may be mixed and often inappropriate.

The fundamental observation here is that the stringency of this warning is inappropriate given the risks. I know of no scientific evidence that would justify the use of such a hazard warning strategy in the case of alcoholic beverages.

5. There is no scientific evidence supporting the warnings rotation policy that is recommended.

The authors of S. 2047 have followed the cigarette example by proposing a series of rotating warnings. This approach runs counter to the warnings approach advocated in my work, which is to provide a comprehensive warning message rather than to dribble out the warnings piecemeal. The support for the rotation policy stems largely from the Madison Avenue approach to advertising in which the advertising message is altered to avoid boredom by consumers. Our intent, however, is to convey risks in a systematic manner, not to capture the imagination of a supposedly irrational consumer who is looking for the hazard warning equivalent of a catchy product slogan. It should be noted that the FTC study of rotating warnings was based on conjecture and that the Public Health Services report on alcohol warnings concluded that the Swedish study of cigarette warning rotation was seriously flawed both in terms of the sample included and the contaminating effect of publicity associated

with the warnings policy. Indeed, the Public Health Services report provides absolutely no evidence that the warnings rotation policy advocated in S. 2047 is any more effective than a single, nonrotating warning.

6. Ill-conceived warnings could have a counterproductive effect.

If individuals are warned about hazards through overly broad warning labels that lack believability then these efforts diminish the credibility of all warnings programs. Individuals who see similar warnings for other products will draw the conclusion that they are no more valid than the warnings for the alocholic beverages and will consequently assess a low level of risk. Such a proliferation of ineffective warnings programs can only serve to diminish the efficacy of those warnings efforts that are soundly based.

The best way to conceptualize the consumer's problem is to recognize that he is faced with a variety of sources of information regarding the risks posed by a wide range of products and activities. When confronted with these choices, he must assess not only the risks involved but also he must determine whether he should process the warning information and act upon it. The more that we give individuals information that turns out to either be useless or inaccurate, the more consumers will disregard those warning statements that are valid. The "crying wolf" syndrome is a real problem for S. 2047.

It is conceivable that some warnings, such as the Statements No. 2 and 5, could become the object of ridicule by individuals as they drink alcoholic beverages. Thus, because warnings do not, in fact, provide new knowledge, consumers may regard both the warning program itself as being silly as well as the risks that are being conveyed by it. Warning No. 5, which groups alochol with hard drugs, stigmatizes alcohol, but also diminishes the adverse status accorded to more serious drugs.

COMMENTARY ON THE PUBLIC HEALTH SERVICE STUDY

S. 2047 states that a recent Public Health Service Study concluded that health warning labels on alcoholic beverages "can be effective in increasing consumer knowledge and can have an impact on consumer behavior, particularly in combination with other educational initiatives." This is simply not true.

I served as a principal consultant on that report. The report does not specifically deal with alcohol beverage warnings. It contains no conclusions about whether such warnings will or will not be effective. The report merely reviews the literature on warnings generally, and it finds that it some cases warnings work and in some cases they do not. This report is not a bad effort, but it was not the kind of policy analysis that would be necessary to support adoption of S. 2047.

The basic difficulty is that the report was not "a study of the potential educational effects of health warning labels on alcoholic beverages," which is what Congress had requested. I have run two such studies for EPA on pesticides and household chemicals and I have just begun a third party for EPA on communicating cancer risks. Any assessment of the desirability of warnings must involve an assessment of what consumers know now about the product risks, an investigation of alternative mechanisms for improving this knowledge, and an assessment of how alternative warnings alter behavior. The Public Health Service study did none of these things. Indeed, there is almost nothing whatsoever in the report about either alcohol risks or alcohol warnings. Instead, the study was a literature review of research on warnings for products *other than alcohol* which is a quite different entity than an alcoholic beverage warning study.

Essentially, the report was a selectively upbeat, but reasonably thorough review of warnings efforts. Some of the more disappointing education efforts, such as many nutrition efforts and the buckle-up-for-safety seatbelt campaign, were not given sufficient emphasis in the report.

Perhaps the main conceptual deficiency in what was on balance a good literature review is that the study did not delineate when warnings will work and when they will not. There is no assurance that a warning will be effective irrespective of the context in which it is used. One cannot take the same kind of technocratic approach to warnings that one can, for example, to designing engineering controls for pollution emissions since there is an important human element involved. Warnings will only be effective if they achieve their impact by informing people accurately and credibly about the risks. If there is no gap in consumer knowledge, there is no role for warnings to play. Similarly, if warnings do not enable individuals to understand appropriate precautionary behavior, they will not work. Finally, if warnings change behavior by misleading the public or evoking undue alarm, then the policy should not be judged a success even though "effects" have best observed. Our objective is to

foster more informed decisions, not necessarily to reduce alcohol consumption per se. Abuse, not use, is the issue.

There is also an important error in S. 2047's interpretation of the PHS report. The conclusion cited in S. 2047 that "such labels can be effective in increasing consumer knowledge and can have an impact on consumer behavior, particularly in combination with other educational initiatives" is not correct. The report did not specifically pertain to alcohol warnings, whether used alone or in combiation with other efforts. Although labels can increase knowledge, there is no specific evidence indicating that there is the potential or likelihood for alcohol labels to do so. Moreover, the implied synergistic role of labeling and other educational efforts is completely without scientific foundation. It is true that the simultaneity of the issuance of warnings for cigarettes and saccharin with media attention to these products makes it impossible to ascertain the relative contribution of warnings to the decreases in consumption that were observed. Saying that we can't disentangle the effects statistically, however, is quite different from saying that there is a synergy between labels and education campaigns. Indeed, warnings may have had no effect whatsoever on the observed behavior shift.

CONCLUSION

Based on my review of S. 2047, I would like to strongly urge that it not be adopted. There is little doubt that the proposed labels of S. 2047 would not be effective in this situation. Moreover, to the extent that it altered anyone's behavior, it would do so by alarming consumers rather than informing them. This kind of diffuse response is not a legitimate objective of a warnings policy.

Our first policy objective should be to convey to individuals the true risks associated with their actions. In one class of cases, the risks posed by their actions are well known. In the second class of cases, the risks posed by alcohol beverage consumption can be better and more accurately conveyed through physicians, pharmaceutical warnings, the media, and our schools. Thus, there is a role to be played by information, but alcohol beverage labeling is not the most effective mode in this situation. Indeed, in terms of conveying the correct risk information, use of the kind of strongly worded warnings that have been proposed would serve to misinform consumers by leading them to overestimate risks and respond inappropriately.

Our second policy objective should be to indicate to people which precautions they should take to eliminate the risk. The character of the current label is to discourage purchase. To convey a more detailed and subtle message, one should rely on mechanisms other than an on-product label.

Finally, let me close by noting that I believe that warnings policies such as on-product labels do have an important and visible role to play in the U.S. economy. Indeed, I have spent several years of my professional career examining how these labeling policies could be improved to be more effective in conveying this risk information. I believe that introduction of a misguided labeling policy does a disservice to those of us who are attempting to use warnings to convey legitimate risks to consumers in a meaningful fashion. S. 2047 serves to dilute the impact that legitimate uses of warnings have, potentially undermining not only the efficacy of warnings as a policy alternative but also possibly reducing consumer welfare as well.

As a society, we should reserve the use of warnings for situations in which there is a significant risk the existence or extent of which is unknown that merits well-defined individual precautionary action and which we can convey accurately and effectively using an on-product label. The alcoholic beverage situation simply does not fall in that class.

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

Question 1. I understand that you believe that labels in general are most useful to convey new information that people don't otherwise know. You state that people know about the dangers of alcohol. How do you reconcile that with, for example, the 1985 survey showing that only 57 percent of people under 45 years of age had every heard of fetal alcohol syndrome?

Answer. Although I have not seen the survey indicating that only 57% of people under age 45 had ever heard of fetal alcohol syndrome, learning of this survey result is not greatly informative. What we want to know is whether women of childbearing age have an understanding that excessive drinking leads to birth defects. Whether they can define or have heard of the technical medical name for certain birth defects (fetal alcohol syndrome) claimed to be related to alcohol is not the issue. This issue is whether women are aware of the claimed connection between

alcohol consumption and birth defects. The polls that I cited are more pertinent to that issue than the poll referenced in your question, and the polls demonstrate that women are generally aware.

Question 2. Following up on that idea that labels are most useful to convey information that people don't otherwise know—I believe that your 1986 study regarding consumer reaction to bleach and drain cleansers found that consusmer's perception of risk went up as the percentage of the label devoted to warning information increased, and also that prior knowledge and family situation had effects. If we require warning labels on alcohol, won't that help consumers since their total knowledge will increase?

Answer. This question correctly identifies the fact that I have found that labels with a greater proportion of risk information were more effective. After a certain point, however, increasing the amount of information in terms of the area on the label does not have an impact, which is a result that I found in a more recent study (see Wesley Magat, W. Kip Viscusi, and Joel Huber, "Consumer Processing of Hazard Warning Information," Journal of Risk and Uncertainty Vol. 1, No. 2 (1988), pp. 201-232). Thus, once people have gotten the warning message, adding to the prominence of the warning has no impact. In addition, in Ch. 6 of my book (W. Kip Viscusi and Wesley Magat, Learning about Risk, Harvard University Press, 1987) containing the bleach warning information results are findings for workers that indicate that if there is little or no new informational content of the warning then they will not have any effect.

Indeed, it might be helpful for me to provide a summary of the conclusion of my work on this (from pages 123-124 of Learning About Risk): "The pivotal influence of the informational content of the chemical label has broad ramifications for effective risk information strategies. Past informational campaigns such as those intended to encourage seatbelt use and deter cigarette smoking have had disappointing results. The primary purpose of these efforts has been to exhort rather than to provide consumers with information that they did not already possess. The lack of a major consumer response is not surprising, because the informational content of these warnings has been low. The results of this chapter indicate that to be most effective, risk information programs must not simply convey the risk level but must also provide individuals with new information in a convincing manner."

The basic point I am trying to make is simple. What we should first ascertain is that there is in fact a legitimate informational gap in terms of the understanding of the actual risks posed by a product and the precautions needed to reduce these risks. If the hazard warning label truly adds to consumer knowledge in situations where there is such a gap, then they will be effective. My major reservation is that the hazard warnings that were proposed for alcohol were of such a brief nature that by necessity they could only touch on the most salient points, which are already well known. I do not believe that people are born with an innate knowledge of the hazards of alcohol, but I do believe that because of the extended nature of the information that we do wish to convey that we should explore other information transfer mechanisms that are better suited to providing a richer characterization of these issues. Many of these mechanisms are already at work.

Question 3. You say warnings are effective if they tell about risks as well as how to avoid them. The necessity for "Use Instructions" would not seem to be a problem with alcohol, would it?

Answer. For hazard warnings to be effective, we should indicate to individuals both the risk and the appropriate precautions. The fact that we do not have to tell people that they should not drive if they have been drinking excessively is an issue on which we would both agree, but I would go one step further and suggest that they already understand the hazards of drunken driving as well and don't need to be told those either.

At the more subtle end of the spectrum is the proposed warning dealing with health effects of alcohol use. Here I believe that some precautions statement is certainly necessary because the warning as it stands is misleading. All of the reports by the Surgeon General on the health risks of alcohol use deal with excessive drinking, whereas this hazard warning label makes no such distinctions.

The issue came up during the hearings as to whether the Committee represented the interests of prohibitionists. I believe that this false impression of prohibitionist leanings may have been fostered in part by the indiscriminate nature of some of the hazard warnings that failed to link the risks of alcohol use with excessive drinking as opposed to moderate drinking.

More generally, if we do not tell people what particular precautions to take, in effect the warning reads: "Don't buy this product." I have always advocated as a

general principle that precautions and risks be coupled in warnings, and I see no reason to abandon that approach.

Question 4. I understand that you also conducted a study regarding workers' reaction to potentially harmful chemicals. Did that study show that labels achieved an effect, because the more the employee perceived him/herself to be at risk, the greater the likelihood they would request alternative employment?

Answer. The chemical worker study that I did went as follows. Workers who received information about job risks raised their risk perceptions. This change in the risk perceptions had two effects. First, to remain on the job these workers wanted a higher wage rate. Second, if they wer not compensated sufficiently, they would quit. I have documented these wage and quit effects in a number of contexts, and they are quite substantial. Similarly, studies of consumer responses indicate that there will be important price effects if in fact risk perceptions are altered. In particular, fewer consumers will be willing to buy products that they know to be harmful.

Question 5. Articles in the Wine Spectator and Wines and Vines magazines have suggested that the wine industry take a "pro-active" stand and come out in favor of warning labels, since that will make the industry appear to be a friend of consumers and not just a profit-driven entity. Based on your experience, how do you think consumers would react to that kind of activity by the industry?

Answer. This question pertains mostly to the marketing aspects of the pro-active stances taken by firms in an industry to provide risk information to their consumers. In general, I believe that firms would not find it to be in their financial self-interest to call risks to consumer's attention. However, when there are important risks of a product and when there are ways in which consumers could reduce these risks, I believe that the industry does have a responsibility to share with the public any specialized expertise that it may have regarding these issues. This information provision could be in any one of a number of ways, which may or may not involve labeling depending on the particular instance.

Question 6. I know that you have been involved in labeling efforts with regard to food and cancer warnings. Are there different issues involved in alcohol labels? If so, what are those issues?

Answer. Most of the risks that are being addressed with the alcohol warning proposal differ in their character from those encountered in the food cancer warning area. Typical food cancer risks are more continuous in their nature. Thus, doubling the amount of one's consumtion of most carcinogenic foods is generally believed to roughly double one's cancer risk. Certainly for small changes in dose, one would not be far off in using such a linear approach.

In contrast, the alcohol risks tend to be ones where there are important thresholds. Fetal alcohol syndrome becomes a major risk with excessive drinking; driving risks and health risks of alcohol consumption also accelerate greatly with the amount of alcohol consumed on any particular occasion. Thus, we would want to make the important distinctions with respect to products that are always risky as opposed to products whose riskiness varies greatly depending on how they are used.

Question 7. Let us presume, for the sake of discussion, that we all agreed that warning labels should be placed on alcohol beverage containers. Based on your experience, should the labels in S. 2047 be changed to convey information clearly? If so, how?

Answer. First, let me say that I would never propose warning language without pre-testing it with a consumer sample. Thus, I believe that the best way to approach warning language issues is to actually analyze how consumers respond to the warnings rather than to rely solely on one's guess as to what effects certain language and format changes will have. For these reasons I have run a number of studies to assess these responses, which in some cases have yielded results different from what one might have expected before actually sampling consumer reactions.

Second, as I indicated above, the general approach I would take would be to outline the character of the risks imposed by the product and the nature of the precautions that are appropriate. To do this effectively, we need to have more than one sentence in terms of our warning information. Because of the extended nature of these warnings, I indicated at the time of my testimony that I thought other societal mechanisms such as physicians, drunken driving educational efforts, and media coverage seem to be better suited to giving the kind of in-depth treatment that short warnings can not.

I would emphasize that in almost all of the cases in which I have found warnings were successful, the warning message was much more detailed than in S. 2047. One need only pick up a bottle of household toilet bowl cleaner to see what I mean by a more extensive discussion of the risks and precautions associated with the product.

Question 8. You seem to suggest labeling drugs about using them with alcohol, but not vice versa (i.e., labeling alcoholic beverages about using them with drugs). Why not?

Answer. I believe quite strongly that it is the responsibility of the pharmaceutical companies to include warnings regarding adverse interactions with alcohol use. In addition to these labels, any physician prescribing these drugs has a responsibility to call to his patient's attention the risks that are present. These warnings will be targeted in nature.

In contrast, a warning on alcoholic beverages indicating that they should not be taken with drugs is not informative since it does not indicate to the consumer which adverse drug interactions are important. Only a small fraction of the drugs currently sold have such an adverse interaction effect so that it is not an efficient way to give information about the reactions.

I would also hope that we would not diffuse the responsibility for the warnings too broadly to our society. Society should hold physicians and pharmaceutical companies accountable for providing these hazard warnings, and we should not give them an opportunity to shift burdens that are appropriately theirs to another party.

When they undertake the warning, I hope that they will do so in a targeted fashion as well. For example, if doctors tell their patients that no drugs, including aspirin, should be taken with alcohol, then they are not conveying any information at all. The patient knows that only a small fraction of the drugs really causes the problem, and unless these are identified specifically for him then the warning message will have no informational content whatsoever.

Senator GORE. You prepared statement is missing several pages, at least as the committee staff has it. If you could get those to us, I would appreciate it.

Dr. VISCUSI. I would be happy to.

Senator GORE. Next is Dr. Robert Lloyd, Vice Chairman of the American Council on Alcoholism of Towson, Maryland.

Please proceed with with a summary.

STATEMENT OF ROBERT C. LLOYD, PH.D., VICE CHAIR, BOARD OF DIRECTORS AND POLICY/GOVERNMENT AFFAIRS VICE CHAIR OF THE AMERICAN COUNCIL ON ALCOHOLISM, INC.

Mr. LLOYD. Thank you very much, Mr. Chairman. I appreciate this opportunity to address this committee. I am Robert C. Lloyd, a citizen volunteer with the American Council on Alcoholism for approximately the past 15 years, and since my retirement in 1983, I have been very active with ACA.

I retired from the Baltimore City Public Schools after more than 37 years as a teacher, counselor and administrator. I served as a representative of that school system to many health related organizations and agencies, including the city health department. My final position was Assistant Superintendent for Pupil Services, with a staff of about 450 persons. More detail on all of my comments is, of course, available in the prepared statement.

In talking with you today, I draw particularly on my experience first as a public school teacher, counselor and administrator, and second, my academic preparation and training at the Johns Hopkins University.

Let me share very quickly and very briefly a few selected items of information about the American Council on Alcoholism. The ACA is a national non-profit 501(c)(3) educational association. It functions through a network of state, regional and local organizations with more than 14,000 participants. Its policies are determined by an all-volunteer board of directors with strong membership input. Membership is open to all individuals, organizations, businesses, treatment centers, college/university personnel, recov-

ering alcoholics and others. The fundamental emphasis of ACA is placed on education, research and evaluation, prevention of alcohol abuse and misuse, the dissemination of information, early identification, treatment of persons who abuse alcohol and who are alcoholics.

The ACA stresses the responsible use of alcohol for those who choose to drink. We urge abstinence for alcoholics. We discourage alcohol abuse. We support a variety of treatment programs and services. We regard alcoholism as a treatable illness.

Operating funds come from a variety of sources. These are spelled out. I will mention a few: the United Way, memberships, membership services, the Combined Health Agencies professional organizations, memorial contributions and the business-industry sector. All funds are nonrestrictive. The alcoholic beverage industry currently does contribute a relatively small percent of our operating budget. At no time has that industry or have any other participants and contributors tried to influence policy. They participate in the democratic process. Efforts of any type to influence policies, I assure you, will be met by my instant resignation and that of many of our volunteers.

My prepared statement includes a very brief historical perspective, references to recent experience in Sweden and Russia, and I invite you to examine that statement carefully, please. The well known experience with prohibition is not included.

Education versus warning labels is contained in Section 5, as you are aware. Our position is that warning labels are not educational, they do not meet the standards of education for a number of reasons. There is no personal involvement of the learner, there is no (1) interaction or exchange in the learning process, (2) no effective teaching modality or technique. (3) No evaluation of effect, and there is no solid, valid research evidence that indicates that labels per se cause behavior modification. There is indeed some evidence that warning labels could cause harm. (Section VIII of my prepared statement.)

We respectfully request your careful consideration, Mr. Chairman, of the seven pivotal questions that are posed in the prepared statement. These questions are derived from the letter to colleagues transmitted by the distinguished Senator from South Carolina, Senator Strom Thurmond, that letter being dated January 27, 1988.

Now, then, ten recommendations are set forth in the prepared statement (Section XI). May I very quickly review nine of these recommendations in summary form.

One, we urge that every effort be made to secure and disseminate factual, complete and readable information about this national health problem as one part of a comprehensive, continuing education initiative.

Two, establish a national task force structured to include all interested persons, groups, entities.

Three, increase funding for research and evaluation and for the dissemination of findings.

Four, improve assessment and evaluation processes for all programs and services.

Five, develop public national policy based on facts, on reliable knowledge, and on the involvement of professionals, government agencies and persons representing the broadest possible spectrum of American thought, knowledge and experience.

Six, expand in totality communications and education programs and services.

Seven, increase funds to include early identification, prompt intervention and ongoing treatment services.

Number eight, turn attention to plans and strategies for healthy lifestyles and turn attention away from warning labels.

Nine, we recommend that the committee propose to the Congress that warning labels not be required in view of the evidence available.

Let me especially urge the committee to consider the written statement prepared by Dr. Ruth C. Engs, (spelled E-n-g-s), Associate Professor at Indiana University. It is my understanding that some copies of that statement were made available to the subcommittee and they deal with considerable research done at the college level.

Finally, let me sincerely request that the attentions and energies of our national leadership be directed to substantive approaches to responding to critically important health related problems. Let me mention several: functional illiteracy, public education, teenage pregnancy, unemployment among minorities, education on alcohol within the medical and health professions, infant and child care, care of the environment, insurance for recovering alcoholics, and alcoholism in the elderly.

I submit that a relationship exists between these personal and national concerns and the abuse and misuse of alcohol. These are substantive issues. I believe that the required use of warning labels will not affect or impact upon these complex problems.

Thank you for your very kind attention.

[The statement and questions and answers follows:]

STATEMENT OF ROBERT C. LLOYD, PH. D., VICE CHAIR OF THE BOARD OF DIRECTORS AND POLICY/GOVERNMENT AFFAIRS CHAIR, AMERICAN COUNCIL ON ALCOHOLISM, INC.

Dr. Lloyd is one of thousands of volunteers for the American Council on Alcoholism, Inc. (ACA). He is presently Vice Chair of the Board of the American Council on Alcoholism, and Chairs the Policy and Government Affairs Committee. Dr. Lloyd's career background is in education, having spent thirty-seven years as teacher, counselor, and administrator in the Baltimore City (Maryland) Public Schools System. He retired in 1983. Dr. Lloyd received his Bachelor of Arts, Master's and Ph.D. at the Johns Hopkins University. He has taught graduate level courses at the Johns Hopkins University and Loyola College in Baltimore.

Volunteer activities include the Mayor's Council on Alcoholism (Baltimore), the Baltimore Health Department Task Force on Mental Health of Children and Youth, Professional Advisory Board on Epilepsy, Youth Services Committee of the American Red Cross, the Orton Dyslexia Society, Governor's Citizens' Advisory Committee on the Highland Health Center (severely and profoundly retarded), YMCA of Metropolitan Baltimore, North Baltimore Community Mental Health Center Board of Trustees, the Retired Teachers Association of Baltimore (Immediate Past President), and the Baltimore Council on Adolescent Pregnancy and Pregnancy Prevention (Board of Directors).

He has been honored numerous times both as a volunteer and within his career. He received ACA's most prestigious volunteer distinction, the "ACA Fellow" designation.

II. AMERICAN COUNCIL ON ALCOHOLISM, INC.:

The American Council on Alcoholism is a national, not-for-profit, 501(C)3, educational association. ACA began as a regional association in Maryland on November 13, 1953 and became a national association on March 22, 1976. ACA is a service association that is volunteer driven. It is the largest, most diverse association in the alcoholism field, with a network of over 14,000 participants.

ACA's membership includes both individuals and entities...local councils, students, professionals (educators, counselors, administrators, business executives, employee assistance program managers, physicians, alcoholism counselors, etc.), corporations, colleges and universities, other associations, treatment centers, community organizations, and recovering alcoholics and their families. With a fundamental emphasis on education, the Council stresses programs and services in both prevention and prevention/treatment. It stresses individual responsibility, promotes efforts to educate youth, urges abstinence for alcoholics and alcohol abusers, and encourages non-alcoholic adult Americans who choose to drink to do so in a responsible manner. ACA recognizes the importance of medical research and employee assistance programs at the worksite, supports the

channeling of the field's limited resources to educate the public, discourages alcohol abuse, and supports services to treat the individual afflicted with the illness of alcoholism.

III. SELECTED ITEMS IN THE HISTORY OF THE MOVEMENT:

Very few would deny the disastrous effects that Prohibition had on this country in the 1920s and early 1930's. From moonshine to gangsters it was a social, economic, and human disaster. No one would deny that a small group founded over fifty years ago (1935) called Alcoholics Anonymous has had a major educational and counseling impact on helping chronic alcoholics and their families. During the 1940s, 50s, and 60s, an organization called the National Council on Alcoholism took education another significant step forward by making the American public more aware of alcoholism as an illness. The American Medical Association in the 1950s recognized alcoholism as a disease. The nation was well on its way to helping people identify, deal with, and overcome this treatable disease.

Throughout all of this development and up to the 1970s, the alcoholism field was a united group, both in local communities and on a national basis. Senator Howard Hughes' now historic legislation (P.L. 91-616) was enacted, creating N.I.A.A.A. for the purpose of coordinating activities in research, treatment, and prevention. Unfortunately by 1977, N.I.A.A.A. was no longer following its original mission, and, instead, established policy and operational philosophies and practices which resulted in fractionalizing the alcohol field. The division remains today in terms of consumption controls as opposed to research, education, prevention, and treatment goals. A small minority of willful individuals have adopted and are vigorously promoting their own Prohibition-bound agenda. This small minority since 1977 has engaged in an all-out effort to force restrictive, unpopular and unsound measures on the American public under the disguise of education.

This has occurred even though the evidence strongly indicates that the American public will only tolerate substantiated, researched policies that would purport to restrict their behavior. Ernest Noble, Director of N.I.A.A.A. in June of 1977, was quoted before the National Coalition of Adequate Alcoholism Programs, as saying that if we reduced the total consumption of alcohol, the rates of alcoholism and alcohol abuse would go down. This was one of the first public displays of "the control of availability" theory. The National Coalition, as a body, rejected his premise by a 23 to 0 vote. Since 1977, the minority opinions who would favor control through restrictions have continued to hammer away their theory. ACA has looked at hard evidence such as the effects that such restrictions have had in Sweden, outlined in the Davies/Walsh report on alcohol problems and control in Europe.

The result of their restrictive efforts have been failure. Russia, as another example, has learned the hard way that restrictions do not have a relationship to reducing the problem. They are now reported to have the largest moonshine industry in the world.

Michael Ford, President of the National Association of Addiction Treatment Programs, stated that "In 1979, the warning label issue produced deeply devisive effects within the alcoholism field. Fear and emotion displaced calm and reason in an unproductive debate." The American Council on Alcoholism is instrumental in many ways as the pioneer of the overall education model in our field. Our members are the individuals out there, performing the tasks everyday to help individuals cope with their illness. Unfortunately, however, we have found it necessary to deviate from our primary mission, in order to voice our deep concern about how a minority of individuals wish to deviate from the tried and tested methods of education to more of a restrictive/ propagandist approach. These individuals have been more discreet in recent years due to ACA and other associations becoming more visible in our nation's capital and in state capitals. It has become obvious, particularly to ACA, that many of these groups have formulated their missions to be advocates for propogandized myths, doing little to nothing for the individual in need.

ACA's membership fully supports the original purposes of the Hughes Act, and earnestly proposes that we get back to the original philosophies of that act; namely, a sound, balanced educational program of education based on the responsible decisions concept. That concept does not and cannot include warning labels as a component.

IV. FIELD EXPERIENCE:

Our country has come a long way since the 1930s when Alcoholics Anonymous (A.A.) was founded (1935). Today, this country has over 8,000 treatment centers across America. Practically every community in America has an alcoholism council and every neighborhood places an emphasis on alcoholism programs within their governmental functions. Thousands of dedicated professionals have treated and started the recovering process for tens of thousands of individuals. Community activity increasingly stresses prevention and treatment models. Public education has had a dramatic effect. There is a need for much, much more in the key areas of prevention, education, treatment, and research.

The vast majority of volunteers and professionals in our field realize that in-depth education, treatment and intervention are the only ways to reach an individual in need. That is why ACA has rejected any or all types of restrictions that cause an

individual to act in response to a "forbidden fruit syndrome" publicity movement.

A small minority of individuals/entities have a different agenda. They are very active in our governmental systems to force their beliefs on the greater majority. Unfortunately, they feel that warning labels and other restrictions when imposed will make a difference. Apparently they have not researched this adequately. If they had, they would have found that where restrictions were applied in Sweden and Russia, chronic drinking did not decrease, but in fact, Bootlegging and crime increased. Prohibition and related restrictive devices simply have not worked.

V. EDUCATION VERSUS WARNING LABELS:

The question is...Are warning labels educational? If not, what good are they. Under a $2.3 million dollar federal grant, a task force study conducted in 1977 by the Education Commission of the States (ECS) rejected warning labels as a primary prevention device. Effective educational programs include the Penn State Total Alcohol Awareness Program (TAAP), the Dekalb (Georgia) Driver Education Program, and the CASPAR (Massachusetts) program. Education on this complex issue of alcoholism and alcohol abuse must be in-depth, individualized and, when necessary, street-wise. Warning labels on alcohol beverages fall into the scare tactic, propaganda area. For the past two years, ACA has asked various age groups about warning labels on alcohol beverages. The concensus was that it was a waste of time. Chronic drinkers would ignore it, teenage drinkers would fall into the "forbidden fruit syndrome", and in many cases, the alcohol label itself would not even be visible to the consumer.

VI. MEANINGFUL, EFFECTIVE EDUCATION:

First of all, education is a lifetime and lifelong experience. The alcoholism issue is a prime example. A good educational model for alcohol education should start in the home, extend through the school systems and other community entities, and be an ongoing effort through all public education avenues for adults. The American Council on Alcoholism is in the midst of producing such a model to elevate the alcoholism issue to a more comprehensive healthy lifestyles level. The plan would be modeled around its theme, "Mind Your Body. It's Where You Live." Public education on drinking and the prevention of alcohol abuse cannot be accomplished by printing three lines on a label. Education has to be in-depth, planned, ongoing, evaluated and a positive, lifetime experience. Warning labels do not meet the standards of education. They create false impressions, denote "sweeping generalities" and they reach the wrong target group if, indeed, any group is reached.

VII. WARNING LABELS DO NOT MEET THE STANDARDS OF EDUCATION:

Will sweeping generalities on a label of an alcohol beverage container really do the job? Our membership explicitly says "No". The assumption is that an individual consumer, upon reading a warning label, will say "I didn't know drinking caused problems. I guess I'll stop". The most unrealistic assumption is that behavior will be modified by the reading of a label - if and when the label is read.

Alcohol awareness should address the factors that are important. However they should be carefully defined, measurable for effect, and focused on defined target groups. Alcohol awareness educational programs should be organized, planned, and implemented to be operational yet able to be evaluated as well. The proposed warning labels, on the other hand, are vague and contain negative language.

VIII. WHAT HARM WILL WARNING LABELS DO?:

It is important to consider if the warning label itself will do more harm than good. It is ACA's opinion that a label will do more harm than good. Reasons for this belief include the dangerous erosion of the disease concept (by creating the false illusion that the label is actually helping someone), as well as creating the illusion that moderate drinking is harmful, when research studies show the contrary. Most importantly, the use of warning labels will be the cornerstone for the small minority which willfully is setting their own agenda to create even more restrictions in the future. Prohibition may well be a part of their agenda.

Our field has worked for years to reduce and eliminate the stigma of alcoholism. Work will be even more complicated by reinforcing the stigma that "all drinking is bad". The proposed labels will complicate our intervention efforts in dealing with individuals with alcoholism problems, their families and their employers. But most importantly, the illusion that warning labels are doing their job may well ease the pressure on government to look at the many real problems such as indigent treatment programs, alcoholism and the homeless, treatment modalities, research, public education and information, prevention, and funding. Since about 1970 and certainly since 1977, the alcoholism field had been caught in the middle between the "wet/dry" dispute. What is happening today is the re-accentuation of that controversy with new labels and names. It took the alcoholism field many years and through the promotion of sound research to rid itself of that counterproductive idealogical dispute. It is time that Congress had meaningful, sound solutions to this national health challenge, rather than sweeping to use the useless hyper-simplification of a warning label condemnation.

IX. SOME PIVOTAL QUESTIONS:

Our review of current literature, research reports, and professional articles yields information which causes us to propose that all interested persons question some of the statements in the proposed legislation that would mandate warning labels. We and others have encountered problems in understanding and explaining some of these statements. The citizenry is entitled to a full explanation of data derivation. The American way is to question, inquire, and challenge.

The following questions are presented so that all may gain a better understanding of the facts, sources, methodologies, and interpretations.

1. NIAAA reports that alcohol costs the American economy nearly $120 billion per year in increased medical expenses and decreased productivity. Information is needed regarding data sources, the validity and reliability of research data, and how apparent inflation factoring was computed.

2. The NIAAA estimated that 18.3 million Americans are "heavy drinkers" as defined by consuming more than 14 drinks per week. How was this definition determined? What diagnostic criteria were employed? What was the study?

3. The PHS completed a study on the potential educational effects of health warning labels and concluded that labels can be effective in increasing consumer knowledge, particularly in combination with other educational initiatives. What was the study? What criteria were applied?

4. What is the documentation for the statement "over 12,000,000 American adults have one or more symptoms of alcoholism, representing an 8.2% increase in problem drinking since 1980"?

5. Why use words such as "may" and "can"? Shouldn't public policy be based on proven professional views of what is fact, rather than on limited information, supposition, and myth? May we have comments?

6. What are the longer range goals of the "warning label" advocates? Do these goals relate to prohibition?

7. Where is the evidence regarding what works and what doesn't work in the matter of warning labels? Consideration of likely "why's" is essential in interpreting the findings. Does not the current evidence on warning labels document that their use relates to hope and ideology, not effectiveness and usefulness?

X. INSIGHT:

Overall, the alcoholism field has not been very good at the game of advocacy, including efforts to reach Capitol Hill. That is why the active minority of individuals who specialize in advocacy are advocates of restriction versus education with little opposition. Groups like ACA are out there doing the work, not here talking about it. We are asking Congress to actively look at ways of preventing alcoholism and alcohol abuse. Those efforts must not include the imposition of warning labels.

XI. RECOMMENDATIONS:

1. The American Council on Alcoholism recommends, foremost, that more opportunities be made available for individuals working in our field to discuss what is really needed in America to create meaningful findings on alconol abuse and alcoholism. I would strongly suggest that a national task force be created that would include all of the "players" involved with this health challenge to look at this matter in-depth and make recommendations to the Congress. If that were to take place and if it were done in the proper way, the following would likely happen: a) Restrictive measures such as warning labels, advertising bans, etc. would not come up as agenda items, b) Agenda items would focus on a discussion of the desperate need for funding for the treatment of those who have inadequate insurance or are indigent individuals. (Let me mention that forty percent of the calls we receive come from individuals in need who fall into that category). We are proud of the public, educational programs that we have created or helped to create to date, but find the nation is unprepared to treat individuals who are asking to be treated.

2. Increased research funding is urgently needed, will be requested, and should be dispensed to N.I.A.A.A. with the provision that the entire spectrum of research within our area would be encouraged to include both harmful and positive effects of alcohol use and that all findings would be promptly published in layman's language for the entire field.

3. Coordinated educational programs should be encouraged at the national level to bring all of the players into one educational effort that goes beyond the "Just Say No" campaign and elevates this national issue to a healthy lifestyles effort.

4. An ongoing comprehensive evaluation process should take place to analyze the effective and ineffective programs being developed and with the appropriate actions taken based on the findings.

5. Avoid the ever-present danger of speculation and conjecture in the absence of knowledge:
   - establishing causal relationships is very difficult and important.
   - need valid and reliable research knowledge to set public policy.

6. Prevent another erosion of the credibility of the U.S. Government if that government imposes warning labels and presses forward toward a policy of outlawing the responsible, moderate use of alcohol.

7. Recognize that education about alcohol is not the same as propagandizing against drinking alcoholic beverages. A warning label is not an "educational" technique.

8. Urge all interested and concerned to face squarely several reasons for not mandating warning labels:

   a. Research has established that moderate drinking has been correlated with enhanced longevity and well being.
   b. Excessive drinking is harmful, to be sure. Light and moderate drinking is safe.
   c. Warning labels deny the public its right to know the complex facts about chronic problem drinking. The American public is far better informed than the label advocates admit or acknowledge.
   d. Warning labels will not serve public health goals and needs.
   e. Warning labels have not been shown to change behavior. Above all, labels will have no effect on chronic heavy drinkers, virtually all of whom deny that they have a problem in the first place.
   f. Labels are actually generalized alarms. Every person who drinks is assumed to be at risk. This is patently untrue.
   g. Labels represent a dangerous over-simplification of a very complex process, that is, effective communication which produces change in behavior. Labels create illusions.

9. The Committee should report to the Congress that facts supporting the effectiveness of warning labels are not available and that labels should not be required.

10. Expand the communications programs of HHS to systematically and objectively disseminate information to the nation concerning such matters as the following:

    a. Progress in reducing alcohol abuse
    b. Innovative and promising programs
    c. Media services
    d. Research findings (of all types)
    e. Reviews of professional literature

Tax-paid findings should be shared with those paying the taxes.

XII. CONCLUSION:

It is ACA's hope that Congress will bury unnecessary and harmful measures such as the "warning label" bill, and instead seek out positive ways to educate the American public on alcoholism and alcohol abuse. The immediate and ultimate goal must be a healthy America. Attaining that goal requires the best thinking of a broad spectrum of American people, participation of groups and individuals with diverse views, application of data-based and validated research to decision-making, the requirement of planned evaluation and research, and prompt dissemination of information on conferences, seminars, legislative initiatives, research reports, educational programs, and the like.

The education programs urged by ACA are based on credibility, would separate out fact from supposition from myth, would point out errors and provide corrections, and would promote maximum possible discussion of issues, problems, challenges and goals. These programs must support individual freedom of choice and the developed ability to make responsible choices as the keystones in the continuing progress of the individual and the society in which that individual lives.

Clearly, enlightened leadership is called for on the part of Health and Human Services, other related agencies, and by the Congress itself. It is fervently hoped that rationality and reason will prevail. Similarly, it is anticipated that fear, scare tactics, non-documentable claims, and avoidance of research findings will be treated as such and dismissed as valueless and unproductive.

The nation - its leadership in all levels of government and in our society - must give precise attention and direct needed resources to the real health needs of our people.

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

QUESTION #1:

Do you agree with the Beer Institute's statement that "The risks of over-consumption are universally known"?

ANSWER:

We believe that the risks of over-consumption are rather widely known. We note, also, that this "knowledge" on the part of the public is based on an educational approach, of varying effectiveness in terms of behavior impact, and not on the effectiveness of non-existent warning labels. The important element is to educate the American public on the use, misuse, and abuse of alcohol. This varies greatly with individuals according to sex and weight, for example. The most important consideration is how one communicates with the American public. It cannot be done adequately with warning labels. It can and should be done through family education, education in our schools, through the media, and a variety of other methods.

The American Council on Alcoholism has utilized "Know Your Limits" cards for a number of years to educate the American public on this concept. Millions of these cards have been distributed, and we believe from informal feedback that they have been helpful and effective.

QUESTION #2:

Your testimony states that labels would function as a challenge, a kind of "dare" to young people to defy the warning. On what do you base that statement?

ANSWER:

This statement is based on years of in-field experience. As Dr. Ruth C. Engs, R.N., Ed.D., Professor of the Department of Applied Health Sciences, Indiana UIniversity has noted, "Dedicated health education professionals over several decades have studied the effects of change of behavior concerning potential harmful health problems. Dr. Engs concluded that warning labels whether or not they provide additional knowledge to the few who are not aware of the risk of alcohol abuse, tend to lose importance, since there is a very little chance that the labels will change anyone's behavior, let alone the behavior of alcohol abusers.

Changing behavior is more complex than simply providing vague statements on a warning label. For example, the individuals must feel personally involved in the health problem and must feel that the health problem can cause them harm. This phenomenon is particularly complicated in dealing with young people who have the feeling that they are immortal and that negative things can only happen to other people. (McDonald, D.I., "Drugs, Driving and Adolescence", 1984).

For the context of the "health belief model", the proposed warning labels fail as public health education, according to Dr. Engs. Warning labels do not show how an individual is personally susceptible to the harms mentioned. They do not outline positive alternative actions with beliefs that outweigh the potential health risk.

The American Council on Alcoholism has close ties with several hundred colleges and universities across America. Through ACA's "College and University Network", the Council continually hears about "underground drinking on campus" which is the result of the banning of alcohol due to the legal purchase age increasing to 21. This has been verified from recent articles: 1) The Wall Street Journal, Tuesday, June 21, 1988, article entitled "Marketing". I quote, "They are turned off by many drug abuse ads these days, especially simple-minded spots in which celebrities tell them to 'Just Say No'", and 2) The Washington Post, Tuesday, March 15, 1988, an editorial entitled "Drinking on Campus", stated that "non-alcohol use policies on our campuses shifting towards more sweeping prohibition means less actual control over the students' drinking. Underground drinking is on the rise and tends to be

more extreme." This would confirm that young people have "reverse" reactions in terms of our goals and expectations. Therefore, warning labels seem not to be an effective tool for our youth, and in fact, seem to evoke a "challenge/dare" response on the part of youth.

QUESTION #3:

You have suggested that warning labels are dangerous because they leave legislators and bureaucrats off the hook, since it is easy to feel that something is being done when nothing is being accomplished. Why do you feel that way?

ANSWER:

Legislative solutions are not always the answer. Millions of dollars are wasted each year on worthless legislation. Ralph Nader and other consumer/citizen interest groups have more than ample documentation. Bureaucrats continue to push to increase their stature through increased legislation. It is interesting to reflect why so many "special interest groups" are interested in passing S. 2047 when they themselves have been quoted as saying that "it probably will not be that effective. It may help a few." Legislators such as yourself may feel that if the warning label bill is passed, they have really done something to curtail abuse. Mark my words, restriction advocates will soon be back to pressure for more restrictive legislation based on S. 2047.

These questions need to be answered before serious consideration of S. 2047 should occur:

1. As a communications/educational vehicle, is the use of warning labels effective? Educators/communications experts say 'no'.
2. What real benefit will this have to educate the proposed target groups? The answer is "little to none". Youth will see it as a challenge or dare. The abuser and the alcoholic will ignore it. The non-alcoholic public will be confused as to what the message means to them.

As I understand the present reality, valid and reliable evidence on the effectiveness of warning labels does not exist. However, the urge to address a frightfully complex and compelling national problem causes some to jump at measures that seem to offer promise, hope or cure. Warning labels offer none of these, I believe.

QUESTION #4:

Your testimony repeatedly referred to sweeping generalities in the warning labels. Could you elaborate on that for me?

ANSWER:

The generalities are sweeping. Labels cannot be effective for a pluralistic society. Such generalities that seem to say, "alcohol is bad and should not be consumed" cannot be effective. This is the essence of why the American Council on Alcoholism is so opposed to warning labels and other restrictions. For one fact, the alcoholic is simply being forgotten in the process. For fifty-plus years, we have based our treatment and prevention models on the fact that alcoholism is a disease. Alcoholics will only stop their consumption of alcohol through a comprehensive education/treatment effort that is labor-intensive. On the other hand, warning labels that state "...can cause mental retardation and other birth defects", "...may be addictive", "...can increase the risk of developing...", are particularly hazardous in producing confusion to the non-alcoholic consumer. Although well intentioned, warning labels cannot address the complexities of individuals/personalities within our society.

QUESTION #5:

You indicate in your statement that a lot of the people pushing the idea of warning labels have a hidden agenda, which is prohibition. Who are these groups, and on what do you base that statement?

ANSWER:

The word "prohibition" is widely used in the field. Restriction approach advocates favor control of availability and related restriction measures. The exact definition of prohibition may not be entirely appropriate...namely legal restriction on sale, distribution, and manufacture of alcohol beverages. A more exact term, rather than "neo-prohibitionists", in my opinion, would be restriction advocates. I would define a restriction advocate as an individual or entity who places the blame for alcoholism/alcohol abuse on alcohol itself. They propose that if you do away with alcohol, you do away with the problem. On the other hand, educational advocates, such as the American Council on Alcoholism, and the majority of our field believe that education, not restrictions, is the answer. The ultimate responsibility for whatever one consumes is up to the individual. If the individual is not educated about alcohol...its use, restrictions of any kind

cannot and do not curtail an individual's desire to find/consume alcohol to excess.

Restriction advocates rank warning labels as the cornerstone to their longer range efforts to signifiantly increase restrictions on alcohol beverages. ACA's major concern is the fact that as you increase restrictions, you will increase the number of "closet drinkers". The disease concept will give way to labeling individuals' behavor as "willful misconduct". Therefore, those who believe in the control of availability theory are restriction advocates.

As a seasoned politician, you know how the process works, especially in Washington. A few lead the many. I am sure that the hundred individual associations and organizations listed in favor of warning labels are not truly aware of the overall facts and particularly, of the ineffectiveness of warning labels themselves. They were simply well lobbied and certainly meant well. As you know, the process of list creating is common practice in Washington. If you are aware of respectable research efforts that establish the effectiveness of warning labels, I will welcome receipt of this information.

A few key organizations provide the leadership for the restrictive movement and they are well financed by a small group of wealthy individuals. At the top of the list is the National Council on Alcoholism. In 1982, NCA dramatically changed its mission from education to control of availability to become a restriction advocate organization. This represented a 180-degree turn from the purpose/concept of its original founder, Marty Mann. As the August 1983 issue of the U.S. Journal reported, "a growing perception of NCA's involvement in public policy issues dealing with beverage controls, taxation and labeling leaves some of its members wondering if the organization hasn't diverted from its original purpose".

NCA's position statement on alcohol and alcohol-related problems issued on October 16, 1982 in a paragraph entitled "Legal Appproaches to Prevention" "research has begun to show that controlling the availability of alcohol through public policy changes can have a measurable impact in lessening alcohol-related problems and alcoholism...NCA recently adopted a position statement that supports achieving primary prevention through the use of legal, as well as pedagogical approaches."

As a former board member of NCA stated in a report sent out on April 11, 1983, "NCA has become a council against alcohol with a neo-prohibitionist model". This is destroying Marty Mann's vision (the founder of NCA).

NCA, along with the help of the Center for Science in the Public Interest (CSPI) have successfully convinced some professional associations in the alcoholism field (yet not all of them) and associations/organizations indirectly involved with the issue that warning labels are beneficial. This has also been accomplished by restriction advocate individuals within major associations by taking over the key committee(s) which are related to the alcoholism issue. A prime example is the American Medical Association.

SUMMARY:

Since 1977, the American Council on Alcoholism has gone on record against any type of restrictive measures that would turn the focus of attention from the disease concept to the control of availability concept via restrictions. This is the very essence of what our movement is all about. Alcoholism is a disease that is treatable and is preventable if proper educational approaches are taken.

If S. 2047 passes the Senate and a similar measure is passed by the House and it becomes a law, ACA will continue to go on record opposing warning labels.

It will be ACA's intention, if S. 2047 becomes law, to document to the fullest extent the ineffectiveness of the bill as well as the usages of warning labels by restriction advocates who seek to further their agenda of restricting the sale, distribution, and manufacture of alcohol beverages.

There is a terribly important statistic that will be difficult to measure, namely the number of individuals that S. 2047 will adversely effect. Warning labels could actually increase the problem of alcoholism and alcohol abuse if legislatively mandated.

Senator GORE. Thank you. We will withhold our questions until the panel is completed.

Next is Jennifer Sussal from Rockville Centre, New York.

We are glad to have you with us today.

STATEMENT OF JENNIFER SUSSAL

Ms. SUSSAL. My name is Jennifer Faith Sussal. I am going to be a high school senior in Rockville Centre, New York. I am President of my Students Against Driving Drunk. I am the Long Island Coordinator and Consultant on Youth for Removing Intoxicated Drivers. I am a trustee on the National Citizens Commission on Alcoholism.

[A tape recording was played.]

Ms. SUSSAL. Mindy Beals was a beautiful teen-aged girl with a bright future ahead of her. Mindy was President of Students Against Driving Drunk Chapter, a good student, a friend, a sister, a daughter.

On June 10, 1987, Mindy was killed by a drunk driver.

I am here not as a lawyer, a doctor, or a professional lobbyist or professor. I am here as Jennifer, a 17 year old girl, very much like Mindy was.

I am here to say why I feel the warning labels on alcohol would be a good idea.

Although many organizations are in support of this bill, I am not speaking for them. I am speaking for the close to 25,000 Mindys that are killed each year because they cannot speak for themselves.

Despite increased educational awareness campaigns and stronger penalties, the drunk driving death toll is on the rise. Obviously, something else needs to be done. Something else has to happen so that every Mindy has the fullest chance not to become a statistic, not to die. Every step that can be taken to curb the drunk driving tragedy should be taken.

My SADD chapter runs a hotline each weekend where kids can call and always find a safe and sober ride home. Sober kids call if they need a ride home. Drunk kids call whose rides have been drinking, and drunk kids whose cars need to be driven home with them also call, but some don't call and they may die.

Teen-agers drink and drive.

The proposed warning label is aimed at the drinker in hope that it will catch on, that a trend will start, a trend of decreased drunk driving, fatalities, a trend that means a cease-fire to the DWI killings, and maybe a friend who reads that label will realize that friends don't let friends drive drunk.

Our goal is clear. We are fighting to send a message to a drinker on what the consequences of drinking are, on the medium that drinker sees the most, on the medium they see last before stepping behind the wheel--the bottle.

I can honestly say, before I started working on the labeling bill, I didn't know there was a connection between alcohol and cancer. I didn't know the severity of fetal alcohol syndrome. And I read the newspapers, I watch TV. I don't leave in a cave, and I didn't know. And I have the right to know.

I have the right to know what I am doing to my body. I have a right to let other people know what they are doing to their bodies if it could affect me, if there is even a chance that it would affect me.

And, every time an intoxicated person steps behind the wheel, that chance is being taken.

There is a chance that you or I could become a Mindy. Statistically, one in every four of us will either be a victim or know a victim of a drunk driving accident sometime in our lives.

The Educational Director of the Distilled Spirits Council sent me a copy of "More Than The Public's Right to Know," a paper written by a Dr. Harold Mendelssohn. It is an argument against warning labels.

Part of the paper said that people already know drunk driving is wrong, so why insult their intelligence by labeling alcohol to its dangers.

I quote: "The consumer of traffic safety messages has a right not to be insulted, not to be treated, either implicitly or otherwise, as a dumb, ignorant alcohol sop, half-witted boob, who is intent on running down every baby, man, woman and beast that crosses the path of his or her careening automobile."

I don't see how the label, "Drinking this product which contains alcohol impairs your ability to drive a car or operate machinery"

would insult someone's intelligence. I would think that Spuds MacKenzie insults the intellect more than our label would.

I would quote again: "When was the last time you encountered a traffic safety message that actually was comprised of something you already did not know, that did not insult your intelligence, that did not suggest your IQ falls somewhere well below your normal body temperature."

I would rather have it suggested that my IQ was below 98 than to have some drunk driver put me in a grave.

Rather than insulting, I think the label is a compliment of sorts. It says the alcohol company is taking responsibility and is concerned about their customers.

Now, it is not the alcohol industry's fault if their product is abused; but it is their responsibility to make the public aware, to add that extra reminder, and to do whatever they can to stop a person from drinking and driving.

If it saves one person, one Mindy, it would pay off.

We are not saying that a label would stop all alcohol-related problems, nor are we advocating prohibition or other restrictions on the alcohol beverage industry.

I just do not understand why, if there is a warning label on bubble-bath, there is not a warning on a product that causes so many problems—25,000 people each year—the number one cause of death for teen-agers.

How high does the number have to rise? And that is only drunk driving. I am not going into fetal alcohol syndrome, alcoholism, or other segments of the population affected by this drug.

I am a teen-ager, concerned about my mom, about my brothers, about my friends. I love them enough to add that extra reminder.

I know the people sitting in this room and the people who are going to vote on this bill are much older, more experienced, and wiser, and more famous than I am. But we all have hearts, and we all love our children.

[A tape recording was played.]

Ms. SUSSAL. Mindy's mom loved her. Human lives are at stake. Perhaps for one time they will try to overpower money and greed.

Thank you.

Senator GORE. Thank you very much. I thought that was very powerful testimony, and I appreciate your going to all of the time you took to prepare very thoroughly for this.

You are a most impressive young woman and I am delighted that you could join us.

Let me ask a few questions now of our witnesses. I wish we had time to go into this in greater detail.

First, just for my own interest, I see the National Council on Alcoholism and the American Council on Alcoholism.

The National Council on Alcoholism used to receive funds from the alcohol industry, but stopped some time ago.

Is that correct?

Ms. LUBINSKI. That's correct. In the early 1980s, it was before my time with NCA, but my understanding of that history is that it was not until industry representatives were removed from our board and until industry money was banned that the National Council on

Alcoholism was able to take any policy regarding the regulation of beverage alcohol.

Senator GORE. Now, some of the more autonomous local NCA chapters do still receive alcohol industry money, I am informed, but most do not, and the national organization does not.

Ms. LUBINSKI. Right.

Senator GORE. That is your choice. But I am familiar with the fact that the organization felt that it was constrained in taking certain positions, so long as it was funded by the industry.

Now, Mr. Lloyd, I believe you indicated that the American Council on Alcoholism does derive funding from the alcohol industry.

Is that correct?

Mr. LLOYD. Yes, that is correct.

Senator GORE. What percentage of your funding comes from the industry?

Mr. LLOYD. My recollection is that it is something in the area of about 20 percent of operating funds from 1987.

I would remind you that I am a volunteer, but I hope that I am reasonably informed, too.

Senator GORE. Now you think these warning labels might actually hurt the consumer, right?

Mr. LLOYD. Yes.

Many of the points that are in the prepared statement have been brought up. I have no problem with reviewing some of them in terms of scare tactics, noneducation.

Senator GORE. Do you think it would create anxiety and stress? Is that the harm that would come?

Mr. LLOYD. There is that element, yes. I would defer in this matter of research to my left-hand neighbor, here, Mr. Viscusi. I am not an expert in this area.

Senator GORE. What harm do you think would come? Would it just make people nervous?

Mr. LLOYD. There is some indication at the college-university level—and, again, I mention Dr. Engs research. I just received a copy of that yesterday. Copies have been presented to the Committee, Senator Gore. It does suggest that in the instance of some college students and some situations, they are encouraged to drink. There is almost a challenge element to it, that indicates, you are going to try to scare me.

Senator GORE. So the warning labels then would promote consumption?

Mr. LLOYD. They would promote consumption. Her research covered a span of some years and suggests that quite clearly.

Senator GORE. Do you think that pregnant women would be encouraged to drink more by the warning that it might cause birth defects?

Mr. LLOYD. Let me say that we are not in any way challenging any of the medical information here. We agree completely with it.

Senator GORE. I am talking about the harm that you think might come.

Mr. LLOYD. I am talking singularly about warning labels.

Senator GORE. I am talking about the harm that you testified might come from the warning labels in saying that the warning might actually promote consumption.

Mr. LLOYD. Yes.

I don't have information available to me relative to pregnant women.

Senator GORE. But it is not your testimony that warning of birth defects might actually promote more consumption of alcohol by pregnant women?

Mr. LLOYD. No. I cannot comment on that.

Senator GORE. You don't think it would, do you?

Mr. LLOYD. I think that it probably would not.

Senator GORE. Probably would not?

Mr. LLOYD. Probably would not. But it varies by individuals. Again, it is an individual matter.

Senator GORE. Now you also seem to indicate in your statement that a lot of the people pushing this idea of warning labels have a hidden agenda, which is prohibition.

Mr. LLOYD. The statement indicates that there is probably, in our judgment, a larger agenda, and we have suggested, yes, that that could well be more restrictions, more restrictive steps, and these could go into a type of prohibition.

Senator GORE. On what do you base that?

Mr. LLOYD. I beg your pardon?

Senator GORE. On what do you base that?

Do you think Senator Thurmond is in favor of prohibition, or Congressman Conyers?

Mr. LLOYD. Do I think so? I have no way of knowing—no way of knowing.

I would hope that their response is in terms of a very important national problem.

Senator GORE. Do you think Ms. Lubinski is in favor of prohibition?

Mr. LLOYD. She stated, I think I heard, that she is not, in fact.

Ms. LUBINSKI. That is right.

Senator GORE. Which of the advocates of the legislation do you suspect to be closet prohibitionists?

Mr. LLOYD. We have concerns about the individuals and organizations that favor restrictive steps, restrictive measures, and where the evidence that we have does not support those restrictions.

Senator GORE. Which ones do you believe are really prohibitionist and are just trying to snooker the Congress into taking this first step on the slippery slope toward a return to prohibition?

Mr. LLOYD. I don't really know. I am not in a position to identify them.

Senator GORE. Well, you indicated that you think there are some. I want to know which ones.

Which ones?

Mr. LLOYD. Let us respond to that, if you will, sir, in writing.

Senator GORE. Well, you have made the charge in writing. You have already made the charge in writing in your statement.

I am not sure that I can find it right now.

Mr. LLOYD. I am aware of that.

Senator GORE. "Willful individuals vigorously promoting their own prohibition bound agenda. '

Who are they?

Mr. LLOYD. I would prefer responding to that, sir, in writing.

Senator GORE. But you have made the written charge in your formal presentation to the Committee. It is an accusation against unnamed individuals and groups. You have said, in effect, that they are dishonest in their advocacy of this because what they are really after is that they are prohibition bound. They are prohibition bound. I just want you to tell us who they are. You have accused them anonymously and I want to know who they are.

Mr. LLOYD. We have said, Senator Gore, that those groups, as I have just stated, who favor restrictions, restrictive measures, more controls, seem to be going in that direction.

I think you know who those groups are as well as I do.

Senator GORE. But I don't. I do not.

Mr. LLOYD. I would remind you, sir, that I am not a full-time worker in this field. I am a volunteer, presenting a position of the American Council, and I am not day to day in contact.

Senator GORE. So you are not really qualified to speak on this?

Mr. LLOYD. I am qualified to speak as an educator relative to warning labels and the educational aspect of warning labels.

Senator GORE. Well, I just think it is a disservice to the Committee to say that people who disagree with you are secretly trying to take this country back to the prohibition era.

You began your statement with a whole discussion of the disastrous effects of prohibition and moonshine and gangsters, and then you say that the people, that some of the people and groups supporting this legislation want to return to that era.

I think it is ridiculous, with all due respect. I just think that is ridiculous, to have a spokesman for a group funded by the industry come in here and make a statement like this. I mean, you talk about insulting the intelligence of people with warning labels. A warning that we are heading down the slippery slope back to prohibition is something that fits that category, as far as I am concerned.

You are welcome to respond if you want to.

[No response]

Senator GORE. Mr. Viscusi, you said this study did not address alcohol warning labels, the Report to the Congress.

Mr. VISCUSI. That's correct.

Senator GORE. Well, I am looking at the study here and it says, on page 5 it has a discussion of alcohol warning labels.

Mr. VISCUSI. The topic addressed by the study was alcohol warning labels, but all of the substantive evidence presented in the study dealt with products other than alcohol.

Senator GORE. Well, it specifically discusses alcohol warning labels, the way they should be designed, the impact of alcohol warning labels, et cetera.

Mr. VISCUSI. Those are all inferences based on other products. There is no new evidence whatsoever in that study gathered on alcohol products.

Senator GORE. Okay.

Now, you say that there has been no examination of what information gaps exist where the subject of these proposed warning labels is concerned.

Is that right?

Mr. VISCUSI. I have not seen a systematic examination of that.

Senator GORE. Then you say that in your opinion, it is just common knowledge that fetal alcohol syndrome results from the drinking of alcohol during pregnancy.

Mr. VISCUSI. No, I did not.

What I did say was——

Senator GORE. Well, I certainly got that impression from your statement.

Mr. VISCUSI. Senator, I never mentioned fetal alcohol system in either my written statement or my oral statement. The Gallup polls I referred to pertain to knowledge of links to birth defects, not definitions of medical terms.

Senator GORE. Do you know what fetal alcohol syndrome is?

Mr. VISCUSI. I am not here as a medical expert.

Senator GORE. I am asking you as a member of the general public.

Mr. VISCUSI. I have a general sense of a link of severe alcohol use to birth defects.

Senator GORE. What about moderate alcohol use?

Mr. VISCUSI. It is my understanding that fetal alcohol syndrome, per se, is linked to excessive drinking and that the Surgeon General has recommended since we do not know what a safe, threshold level is, the best course of action for a pregnant woman is not to drink whatsoever.

Senator GORE. Do you think that birth defects can be caused by moderate drinking during pregnancy?

Mr. VISCUSI. I don't have any scientific expertise that would enable me to tell any better than you could.

Senator GORE. Have we stumbled upon an information gap?

Mr. VISCUSI. Well, what we would like to do is find out what the scientific risks are. I mean, to the best of my knowledge, the firm scientific evidence has to do with excessive drinking, and even the Surgeon General has an information gap with respect to moderate and light drinking. But he urges you to err on the side of caution.

Senator GORE. Well, we had expert testimony here on the last panel from the leading medical authority in the world on fetal alcohol effects and fetal alcohol syndrome indicating that two ounces per day of alcohol causes birth defects in 11 percent of the children born to that group of women.

You have just testified that you don't have any such information. I don't expect you to, because I think an enormous information gap exists where fetal alcohol syndrome and fetal alcohol effects are concerned.

I think it is obvious. And yet, you have come here and testified that you don't think there is an information gap where fetal alcohol effects are concerned.

You, yourself, have just revealed an information gap in contrast to what the medical authorities have to say about this. So, on what do you base your professional judgment that there is not an information gap where fetal alcohol effects are concerned?

Mr. VISCUSI. Well, first of all, whatever information gaps I have—and, certainly, I do not put myself out as a medical expert—are still there after reading the S. 2047 proposed warning label. So, reading your label was not sufficient to eliminate the gaps.

The proposal I would suggest is that you identify what gaps there are in the knowledge, try to identify, you know, which groups are most affected by these gaps, what is the weak link——

Senator GORE. Wait a minute. Let me respond to the first thing that you said here. "Warning: the Surgeon General has determined that the consumption of this product, which contains alcohol, during pregnancy can cause mental retardation and other birth defects. "You don't think that addresses the issue that I have just raised?

Mr. VISCUSI. Consumption of any level of alcohol has some chance or a significant chance—I mean, you want to draw a distinction.

Senator GORE. "Consumption of this product, which contains alcohol, during pregnancy can cause mental retardation and other birth defects."

Mr. VISCUSI. That there is some probability that that could happen.

Senator GORE. It doesn't say that. It says "Consumption of this product, which contains alcohol, during pregnancy can cause mental retardation and other birth defects."

Mr. VISCUSI. I agree. But that was not the information gap you were testing earlier.

Senator GORE. Well, you have gone to the opposite extreme and taken a poll that just has the barest information, testing whether or not women have any idea that there might be some connection, and you used that as the basis for arguing against giving this specific warning to pregnant women. And I don't understand that.

Mr. VISCUSI. Well, first of all, it is more than the barest connection. On an open-ended memory probe study that was done, where you asked pregnant women what substances should they avoid while pregnant, 75 percent of all women, the first thing they volunteer is alcohol. So it is more than just one study.

But, in general, I would urge that you try to refine our knowledge of what people do know and what they don't know, and try to figure out the best way to communicate this information to people.

I am not urging is that you should pick the best mode of communication after identifying the problem, maybe using physicians more, public education campaigns, improved pharmaceutical warnings. But labeling is just one of several options.

Senator GORE. Well, I got the mistaken impression, then, from your testimony that you were urging that we sit on our hands where this legislation is concerned. I thought you were urging that we not do anything on warning labels.

Mr. VISCUSI. What I am urging is that you first identify the character of the problem and then you pursue lots of different ways to provide information, if there is an informational gap, and maybe we should be improving the way in which physicians deal with their patients.

Senator GORE. Are you familiar with the 1985 National Health Interview Survey, conducted by the National Center for Health Statistics?

Mr. VISCUSI. No, I am not.

Senator GORE. It indicated that 43 percent of people under 45 years of age have never heard of fetal alcohol syndrome.

Ms. LUBINSKI. Mr. Chairman, may I comment?

Senator GORE. May I pursue this first? Then I will get to you.

Having been informed of that study, would you still say that there has been no examination of information gaps on fetal alcohol syndrome?

Mr. VISCUSI. What we really want to do is before embarking on this, to find out, in operational terms, what people have to know.

Senator GORE. But I would like to get a response to that question.

You said earlier in your statement that there has been no examination of information gaps with respect to fetal alcohol syndrome, fetal alcohol effect and I have just cited for you a 1985 National Health Interview Survey conducted by the National Center for Health Statistics. It was reported, and the authors are O. T. Thornberry, R. W. Wilson, and P. Golden. The official title is, "Health Promotion and Disease Prevention Provisional Data from the National Health Interview Survey: United States, January–June 1985," published by the U.S. Department of Health and Human Services, No. 119, May 14, 1986.

Learning of this national study by the National Center for Health Statistics, do you stand by your earlier statement that there has been no examination of what information gaps exist with respect to fetal alcohol effects?

Mr. VISCUSI. The information gaps we want to know about are the ones dealing with the operational knowledge of the women.

What we would like to know is are women aware of the risks of drinking while pregnant? If they continue to drink while pregnant, are these the people who knew about it and went ahead anyway? Should we be getting the information to them through physicians, through public educational campaigns?

In other words, how best should you address the issue?

I would like to get away from worrying about, you know, definitions of fetal alcohol syndrome and start worrying about can we get people operational information that can enable them to make better decisions.

Senator GORE. No. But the first step, you see, in your methodology, the first step, where you begin, is to determine whether or not there is any information gap. You tossed this proposed legislation out the window because it does not pass your first threshold.

You say authoritatively that there is no examination of information gaps in this area.

Well, baloney, there have been. There have been (indicating).

Now, you are not answering the question and I am not going to badger you. But I want the record to reflect that you earlier said that there was no information, no examination of what information gaps exist here.

To the contrary, you cite the Gallup poll, et cetera, et cetera.

My informal experience indicates to me that women do not know—some do, but a very large percentage do not know. And here is an examination which shows exactly that.

I will give you another chance to respond, but we are going to have to move on.

Mr. VISCUSI. Just to briefly summarize, I think that question is more in the vein of a trivia question about fetal alcohol syndrome

than what we really want to test, which is are pregnant women aware of how they should act with respect to the consumption of alcohol, and if they continue to consume alcohol while pregnant, what is the best available mode of communication to get that message across.

Senator GORE. It is not a trivia question when Dr. Jones asks the primary care physician of a young child whether or not there is a smooth upper lip and whether or not the eye slits are narrow, and whether or not all of the characteristics commonly associated with this most preventable birth defect exist in a child under medical examination. It is not a trivia question there. It is not a trivia question when you ask why 30 percent of the live births on Indian reservations are accompanied by this syndrome. It is not a trivia question of when the Nation is asked to pay the bill, an average of $250,000 to care for each one of the victims of this syndrome. And it should not be treated trivially, in my opinion.

Of all of the proposed warnings in this legislation, this is the one that I believe has, by far, the strongest case behind it.

I think the others have a case, too. But I will say this to members of the industry who are present. I earlier said, and other Members of the panel have said, that the time has come to have some serious discussions on this. This is one of the ones where I think the industry has to move.

Ms. Lubinski, you wanted to make a point earlier.

Ms. LUBINSKI. Yes.

I just wanted to add, in terms of work that has been done on assessing women's attitudes—and I think it is a critical point—that focus groups were done by the National Institute on Alcohol Abuse and Alcoholism. When they asked large groups of women if they knew there was a negative relationship between drinking and pregnancy, 82 percent said yes. But, when they asked whether they thought three drinks a day was a safe level of drinking, 75 percent of those 82 percent said yes.

So, although I think that you can find surveys, as the gentleman suggests, that show a high awareness of alcohol and birth defects, the fact of the matter is that many of those women think that drinking at levels that Dr. Jones has identified as clearly dangerous, are not reviewed as dangerous.

Senator GORE. They just do not have the information about the effects——

Ms. LUBINSKI. That is correct.

Senator GORE [continuing]. Of three drinks a day during pregnancy. It is not a question of terminology. It is a question of basic information about what level of alcohol might produce these effects.

Ms. LUBINSKI. As an organization that has a public education campaign on fetal alcohol syndrome every year, let me just say that we have been frustrated over the years by organizations in the industry that use terminology like "only drink responsibly during pregnancy" or "do not drink excessively," because those words do not give people clear messages, because what might be excessive to you might not be excessive to me.

So from our point of view, that particular label tells women very concretely not to drink during pregnancy, and that is the only clear message we can give.

Senator GORE. As I said to earlier panels, I wish that we had time to explore all of this more thoroughly. I certainly appreciate your participation.

Jennifer Sussal, I again particularly commend you for your preparation and care, and I would like to thank all of our witnesses for coming here today. Thank you very much.

We will move on now to our final panel. We have: Mr. Arnold Fege, Director of Governmental Relations with the National PTA; Mr. Augustus Hewlett, President of the Alcohol Policy Council; Mr. Walter Taylor, President of Bully Hill Vineyards; and Doris Aiken, President of Remove Intoxicated Drivers.

While you are settling in, I am going to make a quick telephone call to cancel my luncheon appointment, and I will be right back.

[Pause.]

Senator GORE. The subcommittee will come back to order.

We are going to begin this panel with Mr. Arnold Fege, who is Director of Governmental Relations for the National PTA.

Thank you for coming. My wife and I are members of the National PTA and have been for a long time. Maybe that gives me a conflict of interest, but I am glad to hear your statement. Go ahead.

STATEMENT OF ARNOLD FEGE, DIRECTOR OF GOVERNMENTAL RELATIONS, NATIONAL PTA

Mr. FEGE. This is almost deja vu, all over again. I think it was a year or two ago when we met in the same committee room on another labeling issue.

Senator GORE. Yes.

Mr. FEGE. We appreciate the opportunity to address the subcommittee again on an issue that is of major concern to the National PTA. I am Arnold Fege, Director of Governmental Relations for the National PTA, which is the nation's largest volunteer child advocacy association, comprising over 6.4 million members in over 26,000 local units in 50 state congresses, the District of Columbia, and Europe. And you, Senator, and Tipper are obviously two of those members.

I would like to address you, if I might, in an impromptu way, since you are going to insert my formal testimony in the record. I wish Senator Ford would be here, because I would like to talk about some reality. I call it the National PTA reality.

Both within the Beltway and outside of the Beltway, it is the reality of the impact of alcohol on broken families and destroying the lives of many children in our country. I want to talk about the reality of waiting 18 years for a warning label bill that has been constantly stymied by the alcohol lobby.

I want to talk about my organization's efforts nationwide in working with many other organizations in conducting community awareness campaigns, supporting the 21 drinking age movement, and advocating more Federal dollars for research and pushing for counter-advertising of alcohol on television and on radio.

And I want to talk to you about the reality where, upon the slightest initiative that would rob the alcohol industry of its profits, they in turn spread lobbyists around this Hill and in Washington as a certain beverage company throws around the bull.

That is the reality, not only outside of the Beltway but also within the Beltway. And the National PTA is beseeching you to support the alcohol warning label bill, S. 2047. The National PTA does not claim that alcohol warning labels alone will address the problem. We do contend, however, that warning labels are a critical part of a continuing alcohol education and prevention mosaic included as part of other endeavors which will remind us about alcohol's dangers.

We also contend that, along with the alcohol industry's right to do business, they also owe a responsibility to childen, families, and the public that they are not now meeting.

Statistics indicate that more than three million problem drinkers are under age 18. This, Senator, is a significant problem. Parents must address and are addressing this problem.

But this is also a problem that the industry should not ignore or dismiss because labels will scare people and result in hysteria or because labels will influence more people to drink or labels are a violation of our constitutional principles of free speech or that labels are going to be a burden to implement. Hogwash.

Among our members, there is a growing discontent about the industry's arrogant intransigence and the raw politics they play in order to block this bill. Parents question why opponents have a problem with the set of rotating labels that warn consumers, us, about the dangers of using a product. They ask why the industry and Congress is so shy about passing legislation that Dr. Otis Bowen says would have the potential to affect consumer behavior, particularly in combination with other educational efforts?

Why would alcohol warning labels be deleterious on alcohol containers when there are displays on products, such as cigarettes, children's toys, and other food products?

Parents are disconcerted on another level. Children and families need help to supplement their personal efforts in combating alcohol-related problems. Who among us as parents who have teenagers do not fear that call that comes in at 2:00 o'clock in the morning?

Families are hit hard by alcohol use, hit hard economically, hit hard socially, hit hard physically. And you know the statistics that have been introduced today that tell the story. 100,000 deaths are attributed annually to alcohol consumption.

The economic costs related to hospitalization, lost jobs, job absences, and broken families was $16.8 billion in 1983. By 1990 they are estimated to reach $130 billion, and in 1995 without intervention they are expected to increase by $150 billion.

Alcohol-related traffic crashes remain the leading cause of death for our young people aged 15 through 24. Suicides and homicides, which are major causes of teen-age mortality, are also significantly alcohol-related, as well as injuries in the home and child abuse and domestic violence.

Alcohol remains teen-agers' most widely used mind-altering substance and the most likely to get them in trouble.

With the many education, prevention, and rehabilitation activities that the National PTA, along with all the other organizations that are concerned about alcohol abuse, are pursuing, we need as a critical link alcohol warning labels.

A major programmatic and legislative priority of the National PTA is to garner its resources—primarily the $6.4 million parents, teachers, and other child advocates, in not only reducing alcohol consumption, but helping you and this subcommittee pass the bill.

The problem of alcohol abuse requires long-term education and a multifaceted approach. There is no one fix, no one solution. We can no longer tolerate a society that complacently ignores a product responsible for destroying children and families.

We can no longer permit a United States Congress to talk about the importance of families, yet refuse to take that next step critical to public education. We can no longer be dominated by an alcohol industry consumed by protecting its own private interests.

The time for an alcohol warning label law has come. It is a logical next step. We are proud to be able to support you in this endeavor.

[The statement and questions and answers follow:]

STATEMENT OF ARNOLD F. FEGE, DIRECTOR, GOVERNMENTAL RELATIONS, THE NATIONAL PTA

Mr. Chairman and Members of the Senate Consumer Subcommittee. Thank you for this opportunity to speak to you about alcohol warning labels. I am Arnold Fege, Director of Governmental Relations for the National PTA, the nation's largest volunteer child advocacy association comprising over 6.4 million members in over 26,000 local units in 50 state Congresses, the District of Columbia and Europe.

The National PTA wishes to thank Senator Storm Thurmond and the Senate cosponsors of S. 2047, the Alcohol Labeling Act. The first alcohol warning label bill was introduced in 1969, and since that time, passage has been stymied by the systematic and well-monied opposition of the alcohol industry. Now is the time to put the children's interest before the private alcohol interest, to pass an important consumer family and education initiative. Eighteen years is too long to wait for the implementation of an act that builds on the efforts of those of us who wish to prevent alcohol abuse.

First, permit me to counter what has been a prevalent argument against alcohol labeling: that warning labels will not have an impact on reducing alcohol consumption or abuse. This argument is spurious and ignores the vast array of education and prevention programs supported by the many civic, religious, volunteer and child advocacy organizations throughout the years.

We have, in our 91 year history as a National Association, been resolute in our efforts to counter alcohol use and abuse. Way back in 1898, delegates to the second annual Congress of Mothers (forerunner to the National PTA) discussed the problems of alcoholism among our nation's youth. Since then, delegates to National PTA's annual conventions have passed nearly one dozen resolutions related to addressing alcohol and substance abuse problems among our young people. Today, the prevention of alcohol and other drug abuse among our nation's youth is a top priority of our association. The National PTA helped form the National Coalition for Drug and Alcohol Abuse Prevention, now totalling over 15 million members, to coordinate town meetings and community campaigns to fight school-age alcohol abuse. We use a portion of our $.50 per capita membership dues to provide support to area PTA councils to assist their efforts in developing effective, local programs for parents, students, school staff and the community during Drug Prevention Week.

The National PTA, with a grant from the National Highway Safety Administration (NHTSA), is conducting a nationwide alcohol prevention project addressing the problems of teen drinking and teen drinking and driving. PTA members will be encouraged to sponsor Project Graduation in their school, encourage students to conduct alcohol preventive programs in their schools, and to provide parents with ideas on how to coordinate community-wide alcohol education programs. The National PTA is also aware that voluntary efforts, no matter how extensive, will not alone

solve youthful alcohol use. We have enlisted the support of our elected officials at the state and federal levels to pass legislation to help prevent young people from getting involved. We have called upon school boards to mandate alcohol education in the schools, and upon the city councils to organize community awareness programs.

But not all of our efforts have been successful—and the alcohol problem still persists. We have not been able to obtain adequate funds for research on drug and alcohol use/abuse. In addition we have not succeeded in having alcoholic beverages labeled a drug. Yet Dr. Robert Dupont, former head of the National Institute on Drug Abuse and former head of the White House Special Office for Drug Abuse Prevention, has stated that were alcohol submitted to the FDA today for mass distribution approval, it would more than likely be listed as a Schedule I drug because of its high abuse potential, law indications and little medical use. Were that so, it would join such other Schedule I drugs as marijuana, LSD and heroin.

The National PTA also supports a measure that would require radio and television licenses and cable operators who air commercial promotion for alcoholic beverages, also provide equivalent time for public service messages about the broad range of problems associated with the use and misuse of alcohol. We believe that such an initiative will do much to counteract the portrayal in these ads that alcohol and drinking lifestyles are synonymous with popularity, success, and happiness, and thereby guarantee a fair presentation about these products.

While the National PTA does not claim that alcohol warning labels alone will address the problem, we do contend that warning labels are a critical part of the alcohol education and prevention mosaic, included as part of other endeavors which will remind users of alcohol's dangers. We also contend that along with the alcohol industries' right to do business, they also owe a responsibility to children, families and the public that they are not now meeting. Statistics indicate that more than three million problem drinkers are under age 18: this is a significant problem. Parents must address and are addressing this problem. But this is also a problem that the industry should not ignore or dismiss because "labels will scare people and result in hysteria" or because "labels will influence more people to drink" or that "labels are a violation of constitutional principles of free speech."

Among members of our organization, there is a growing discontent about the industry'a arrogant intransigence, and the raw politics they play in order to block warning labels. Parents question why opponents have a problem with a set of rotating labels that warn consumers about the dangers of using a product? They ask why the industry and Congress is so shy about passing legislation that Dr. Otis Bowen, U.S. Secretary of Health and Human Services, says would "have the potential to affect consumer behavior, particularly in combination with other educational efforts"? Why would alcohol warning labels be deleterious on alcohol containers when they aren't when displayed on other products such as cigarettes, children's toys, and food products?

Parents are disconcerted on another level: children and families need help to supplement their personal efforts in combating alcohol-related problems. Families are hit hard by alcohol use! Hit hard economically, hit hard socially and hit hard physically. A few statistics tell the story:

Nearly 100,000 deaths are attributed annually to alcohol consumption.

The economic costs related to hospitalization, lost jobs, job absences, and broken families was $16.8 billion in 1983. By 1990, they are estimated to reach $130 billion; and in 1995, to increase to $150 billion.

Alcohol-related traffic crashes remain the leading cause of deaths for Americans 15–24.

Suicide and homicides which are major causes of teenage mortality are also significantly alcohol related.

Alcohol remains teenagers most widely used mind-altering substance and the most likely to get them into trouble.

Since 1981, the Surgeon General has advised women to abstain from drinking during pregnancy. Despite this warning, fetal alcohol syndrome is the third leading cause of birth defects.

With the many education, prevention and rehabilitation activities as the National PTA, alone and in conjunction with other organizations, is pursuing, we know that we can't effect greater change without the help of Congress and the industry. For instance, public information campaigns are countered by more glamorized alcohol ads, frequently targeted at special audiences such as children, women and minorities. Beer and wine industries spend about 100 times more for broadcast ads than is spent for public health service announcements. Rarely communicated are the health and safety risks of alcoholic use.

Information from the industry is pure market hype in the form of print and non-print commercials. Further, warning label information is backed-up by extensive research, a review of which has been submitted to the United States Congress pursuant to P.L. 99-570, Section 4017, the Anti-Drug Act of 1986.

The Alcohol Labeling Bill is most of all a consumer information bill. This is a budget neutral measure, and does not create any legal restrictions or penalty to those who do not heed the warnings. The bill does not call for elimination of advertising or otherwise call for a ban or censorship, but merely wishes to require a cautionary notice that consumption of the product may entail serious consequences if used under certain situations. Beverage alcohol, the most widely used and abused legal drug in our society, remains exempted from a number of consumer information strategies, including content and health warning labels.

A major programmatic and legislative priority of the National PTA is to garner its resources—primarily the 6.4 million parents, teachers and other child-advocates in reducing the consumption of alcohol. The problem of alcohol abuse requires long term education and a multi-faceted approach. There is no one fix, no one solution. We can no longer tolerate a society that complacently ignores a product responsible for destroying children and families; we can no longer permit a United States Congress to talk about the importance of families, yet refuse to take that next step critical to public education; we can no longer be dominated by an alcohol industry consumed by protecting its private interests.

The time for an Alcohol Warning Label law has come, a logical next step in building a natural public health policy for reducing alcohol use and abuse. We urge Senate passage of S. 2047.

We thank you for this opportunity to address an important national and organizational concern.

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

QUESTION 1. Is the National PTA's support for alcohol labeling legislation based on its belief that the labels will help primarily the parents, which in turn will help the students, or do you believe that the students themselves will be direct recipients of assistance from the labels?

ANSWER. The National PTA believes that alcohol warning labels, along with other educational and informational programs, will alert both parents and child to the hazards of alcohol. The labels will counter the many messages urging the use of alcohol that come into the home and community, and will raise the visibility about dangers of alcohol consumption and health. Alcohol warning labels are a parenting device and will serve various purposes: to inform and make parents aware about alcohol dangers in their own lives; to raise the consciousness of a whole generation of children who, themselves, will become parents someday; and to emphasize the adverse affects that alcohol can have on the health and vitality of the family structure and family relationships.

What precisely the adverse affects of alcohol on families are is often difficult to document. However, the rate of separation and divorce among alcoholics is seven times that of the general population, and two out of five domestic relations court cases involve alcohol. Few doubt drinking plays a role in family violence and the abuse of spouses and children. Studies show that about half of the cases of spouse abuse involves alcoholism or excessive drinking. In addition, parents play a major role in shaping children's attitudes, behaviors and values. We know that parent's behavior frequently influence the behavior of children, and parental role modeling is observed by children as formidable to early childhood development. The devastating effectiveness of alcohol abuse wreak havoc not only on the user, but on the people who love and live with them. The statistics attesting to this are horrifying; the sons of alcoholic fathers are four times more likely to become alcoholics, and the daughters of alcoholic mothers are three times more likely to become alcoholics.

A 1983 Congressional Report of the effects of parental alcoholism on children indicates that they are more likely to have school problems and to display antisocial behavior. Other studies show that such children have less self-esteem, more anxiety, more aggression, and more psychosomatic symptoms. Another area of significance in alcohol abuse and its implications for family is the psychological impact of children's alcohol dependence. What effect does this have on the parents or siblings? These are areas faced daily by personnel involved in the counseling and/or treatment of adolescent drug users. In many cases, parents feel helpless in working with an adolescent who is an alcoholic or drinks excessively. The testimony delivered by the National PTA alludes to the disastrous effects of alcohol on both the parents and the children--a formula for family crisis.

It is clear that warning labels will be a constant reminder for both parents and children about alcohol dangers. Labels can motivate parents and children to discuss the adverse effects of alcohol, and provide the adequate information for the consumer to engage in a positive behavioral change. Messages about the dangers of alcohol should be as pervasive as the frequent advertising to sell and consume alcohol. Both parents and children may benefit.

QUESTION 2. What training or assistance do the National PTA and its local chapters provide to teachers in recognizing alcohol problems in families?

ANSWER. The National PTA does not provide any direct training of teachers in alcohol abuse education or any other subject matter. The National PTA and its local units do, however, encourage the involvement of parents, teachers and the community in developing alcohol prevention programs. As a component of these programs, training is encouraged for teachers working with children in the classroom; for parents and teachers working together in an effort to promote alcohol prevention; and with the school team and the community coordination with business, industry, civic and religious organizations. The National PTA urges the States to mandate alcohol education curriculum; urges its local units to work with local boards of education to promote alcohol education from the earliest grades; urges its members to become involved in the development of such programs and curriculum; and urges the involvement of parents in the development of alcohol policies for the schools and the school district. The National PTA has also been active in supporting alcohol education monies at all levels of school governance, pushing for counter-advertising for all alcoholic beverage commercials; supporting additional research related to alcohol education decision-making, improved school curricula, and treatment/remediation. Alcohol warning labels would be an important supplement to those efforts.

QUESTION 3. What are the major effects of alcohol abuse on the educational system in America?

ANSWER. It must be stated that schools are places where the least amount of alcohol and substance abuse is found, but the effects of alcohol use and abuse are frequently reflected in student academic performance and antisocial behaviors. School tardiness and absenteeism, underachievement, low self-esteem, difficulties in interpersonal relationships, decreased interest in the future, inattentiveness in class, more anxiety symptoms, more aggression, more prone to school and class disruption, and trouble with law enforcement are all potential behaviors associated with alcohol use and abuse. In addition, the effects of parental alcoholism on children's academic performance can be considerable. These multi-dimensional effects are ultimately born by a society in treatment costs, death on the highways, additional counseling and security for schools, incarceration for this juvenile offender and health costs due to physical and psychological complications caused by alcohol. All have an impact on America's educational system.

Senator GORE. Thank you very much.

Our next witness is Mr. Augustus Hewlett, President of the Alcohol Policy Council, based in Waterford, Virginia.

STATEMENT OF AUGUSTUS H. HEWLETT, PRESIDENT OF THE ALCOHOL POLICY COUNCIL, INC.

Mr. HEWLETT. I am Augustus H. Hewlett, President of the Alcohol Policy Council, Incorporated, an independent, not for profit 501(c)(3) organization dedicated solely to the reduction and prevention of alcohol-related problems in multicultural America.

My comments and observations are based on almost 30 years of full-time experience in leadership positions in the field of alcoholism and alcohol abuse, primarily in the area of public policy. For 15 years ending in 1979, I served as the executive director of the Alcohol and Drug Problems Association of North America, or ADPA.

During this time, starting in 1964, we began a nationwide, labor-intensive effort to secure sound and comprehensive Federal programming for research, treatment, education, and prevention of alcohol-related problems. Many other organizations, including the National Council on Alcoholism, and individuals joined in this effort after we got it under way.

The results included the passage of Public Law 91-616, the Hughes Act, in 1970, which established the National Institute on Alcohol Abuse and Alcoholism, and later the Alcohol, Drug Abuse, and Mental Health Administration Act of 1974, which provided equal organizational status to the three national institutes dealing with alcohol abuse, drug abuse, and mental health.

Senators Thurmond, Gore, Harkin, Representative Conyers, and many others from both houses of Congress have demonstrated a keen awareness about the problems related to alcohol abuse over the years.

We applaud your resolute concerns to do something about these problems in a constructive way. Our opposition to S. 2047 has not to do with your laudatory concerns about these problems, but rather to the approach as proposed. It is more than the specific provisions of this bill which are disquieting.

It is the concept of education embodied in the bill which we also oppose. The concept is that warning labels would raise the public awareness about the dangers of "alcohol consumption." And please let me repeat that. The dangers of "alcohol consumption."

It is not moderate, responsible consumption of alcohol which causes health problems and social problems. In fact—research indicates that moderate and responsible consumers of alcoholic beverages live longer, and I have some research verification to support that. And they also undergo fewer health problems and hospitalizations—again, I have with me health research which supports that—than do either total abstainers or heavy drinkers.

The vast majority of those who drink do so without manifesting any alcohol-related problems. They live longer and are healthier as a group than either total abstainers or heavy consumers.

It is overconsumption, irresponsible and/or inappropriate consumption of alcohol, which causes health and social problems. This

is alcohol abuse, and those who become addicted to alcohol are diagnosed as having the illness alcoholism.

These are the people who need our attention. They are the ones who need intervention and treatment. Unfortunately for them, warning labels will simply not work. For the rest of the citizens, the vast majority, the warning labels proposed would prove counterproductive.

The bill under consideration makes no distinction between moderate consumption and abusive consumption. The messages conveyed through the proposed warning labels would doubtlessly result in needless fear and guilt-producing anxieties in far too many Americans.

Such fear and guilt about alcohol consumption are major factors in the development of problem drinking, as we know this phenomenon in America. They are not deterrents. Such a law therefore would in our view, whether or not they distinguish between moderate and abusive consumption, help to nourish fear, guilt, and the "forbidden fruit" mystique associated with any alcohol consumption.

It would also help in reinforcing the stigma on alcoholic people which we have fought so hard and so long and so successfully to reduce. And I am talking about 30 years of watching how slow this process was.

Regardless of Congressional intention, the warning labels would be perceived by the reader to be pejorative and will elicit opprobrium toward consumers, especially the problem drinkers, who in the future will remain in the closet rather than come out of the closet to seek help. This is where we have made such tremendous progress.

Problem drinkers in the recent past, because of the reduction in the stigma, have felt free to come out of the closet and seek appropriate help, get that help, and go back to responsible productive lives. As a result of that, we have seen significant declines in the cirrhosis of the liver death rate.

Since 1973 it has gone down by 32 percent. We have seen a tremendous reduction in automotive traffic fatalities. Since 1966 that has gone down by more than 50 percent.

Senator GORE. Well, there have been a lot of very restrictive laws that are responsible for that, right?

Mr. HEWLETT. No. There are many reasons responsible.

Senator GORE. Most of them opposed by your industry, correct?

Mr. HEWLETT. It is not my industry, Senator. My industry is alcoholism and alcohol abuse.

Senator GORE. And most of them are opposed by the alcohol industry, I mean.

Mr. HEWLETT. Most of the proposals?

Senator GORE. I mean, the measures—you are saying that the reduction in drunk driving fatalities has resulted from the diminished social stigma attached to drinking, leading to this flood of problem drinkers coming unilaterally to seek assistance, and as a result of that drunk driving fatalities have decreased.

That is the causal chain you have laid out for us, and it is nonsense, of course.

Mr. HEWLETT. What is nonsense? The causal chain that I have laid out for you?

Senator GORE. Yes.

Mr. HEWLETT. Let me go back——

Senator GORE. Let me just repeat. You have said that the reduction of the social stigma has led to an increased number of problem drinkers coming unilaterally to get help, and one beneficial consequence is we have had a reduction in drunk driving fatalities.

Mr. HEWLETT. Yes. But this is a different advantage that I am talking about.

Senator GORE. An advantage of what?

Mr. HEWLETT. An advantage of reduction of alcohol problems across the board. In 1966 I went over to talk with the appropriate committee entertaining the Highway Traffic Safety Administration Act of 1966. This was before the creation of DOT, by the way, at which time it was in Commerce, as you may recall.

And I was able to get an amendment through the highway traffic safety bill of 1966, which I assume you recall was an Administration bill. And when you want to amend an Administration bill, you go to the minority. When you want to get a big fat Administration bill in, you go to the majority.

Well, this one was already in. It had passed the Senate. So I went to the House minority member——

Senator GORE. Well, we will stipulate that you have had many years of experience.

Mr. HEWLETT. Yes, I have had many years of experience, and I am talking about a different kind of advantage here.

Senator GORE. All right, please go on.

Mr. HEWLETT. The warning label proposal designed for pregnant women could have particularly damaging effects in my view. And I have debated this issue in Boston. I have testified in opposition to it twice in Baltimore. I have testified in opposition to it in Sacramento. And my mind has not changed one iota concerning the detriment caused by warning label bills as such, such as the one being discussed today.

The warning label proposal designed for pregnant women could have a particularly damaging effect. It is easy to see how a responsible, moderate drinking woman, discovering that she is pregnant several weeks after the fact—this is the point you brought up earlier, and I am sure it was my paper that you had reference to—and during which time had consumed one or two drinks on several occasions, could go through debilitating anxiety. In some cases hysteria could result.

Birth defects resulting from over-consumption of alcohol during pregnancy are confined to heavy drinking women (or problem drinkers), not the mother who has had an occasional drink prior to discovering her pregnancy.* * * The calm, reassuring consultation of the woman's doctor concerning alcohol intake during pregnancy would have a profoundly more productive and desired result in ensuring the births of healthy babies.

Congressional finding number (6) in the proposed bill states in part. . ." recent surveys reveal that only 57 percent of Americans have heard of fetal alcohol syndrome". Fetal alcohol syndrome is medical terminology just as cardiac infarction is medical terminolo-

gy. Most Americans are familiar with the vernacular description of heart attack. Many fewer, I would guess far less than 57 percent, would know the meaning of cardiac infarction.

A 1980 survey commissioned by the Food and Drug Administration and conducted by Louis Harris and Associates, found that 86 percent of all respondents "had heard messages concerning alcohol consumption during pregnancy." The same survey showed that 92 percent of women aged 18-44—the child-bearing age—were aware of the effects of over-consumption of alcohol during pregnancy. This is an astounding awareness level. It surpasses the American literacy rate.

I have documentation of research to support that contention.

By the way, Senator, I have counted three of us who are in opposition to this bill out of 17, and I would appreciate a little bit longer than the five minutes allotted.

Senator GORE. Well, you have already taken longer than the five minutes. And the reason that there are only three is that the industry decided they did not want to testify. They have ducked this hearing.

They do not want to be heard on this. They want folks like you to come and speak for their point of view.

Mr. HEWLETT. Folks like me are in massive numbers throughout the nation, just as they are in massive numbers throughout. I am sure Christine Lubinski can give you 75 people to testify here. I can too.

Senator GORE. Well, please try to finish up here because we have run through lunch and it is 1:30, and you have no special privileges over and above the other witnesses.

Mr. HEWLETT. All right, but I would like to recite some of the tremendous advancements, which we have seen, which I think this bill is going to help undo, if I may have that privilege.

The goal, by the way, advocated by the Alcohol Policy Council is—through the comprehensive systems approach—an environment wherein alcohol and problem drinkers are not stigmatized, where alcoholic beverages are demystified in the minds of youth, an environment conducive to those who can drink and choose to drink to do so responsibly and in moderation without guilt or fear, for those choosing to abstain the same degree of freedom, and for those who do develop drinking problems to recognize those problems at the earliest possible stage and to seek appropriate help.

Now, we have made tremendous strides toward reaching this kind of goal, and the development of such an environment to its fullest potential will, of course, inevitably result in the reduction of all alcohol-related problems to their minimal and irreducible incidence.

Senator GORE. All we have to do is to reduce the stigma and then all alcoholics will come voluntarily to seek treatment and the problem?

Mr. HEWLETT. No. Much more. But we have reduced the stigma tremendously over the past 40 years.

Senator GORE. I agree with that, and we have seen a flood of problem drinkers coming unilaterally to ask for help, have we?

Mr. HEWLETT. We sure have, and that is the reason that we are seeing a reduction in the liver cirrhosis rate. That is the reason we

are seeing a reduction in automotive alcohol-related traffic accidents.

Senator GORE. You do not think the restrictive legislation was primarily responsible for that?

Mr. HEWLETT. No, because this trend began long before restrictive legislation was even thought of.

Senator GORE. Okay. I take responsibility for prolonging your testimony unnecessarily. Please try to finish up, because we have got a couple of more witnesses. Go ahead.

Mr. HEWLETT. Well, the finish up is I am very much opposed to this warning label, just as I am opposed to other kinds of restrictive legislation. I thought the legislation that the Senate passed and was signed by the President in 1984 increasing minimum age was one of the most disastrous things that I could think of, simply because of the forbidden fruit mystique, and we are now seeing the fruits of that and the fruits of it are detrimental.

I got a letter last April from the state of New York which, in part: We thought we were going to solve all of these problems, and here it looks like we have more problems.

And the same kind of thing, Senator, is going to happen with all of these, what is called magic bullet legal solutions.

The answer is comprehensive education, research, and programming. If we do not have that, I understand the constraints of budget now, especially after the past eight years, and I understand that there are many constraints. But to go in and say that there is no difference between consumption and overconsumption I think is a disservice to the nation.

Through the continuation of positive education since that 1980 survey was conducted the awareness rate is probably even higher today if that is possible.

With one minor addition we would agree wholeheartedly with the proposed congressional finding number (12) which deals with education. The suggested insert is underlined in the following:

(12) it is necessary to undertake a serious national effort to educate the American people concerning the serious consequences of the over consumption of alcoholic beverages.

Education is not slogans for fear arousal; preaching against drinking; a one-hour school assembly or a 45 minute film on the consequences of execessive drinking; or warning labels.

Effective education about alcohol takes place in the classroom, and the home, church or synagogue and through responsible, positive community leadership, and by well tutored physicians and other health professionals.

[The questions and answers follow:]

QUESTIONS OF SENATOR GORE AND THE ANSWERS THERETO

Question. You recommend that education focus on overconsumption of alcoholic beverages. Do you believe that moderate drinking does not have any adverse health consequences?

Answer. As to the first part of this question, my recommendation is for a well balanced non-judgmental, factual and comprehensive approach to education—an approach which demystifies alcohol consumption, especially in the minds of youth; an approach which takes into consideration the historical constant that two-thirds of the American people are consumers of alcoholic beverages (a vast and growing majority of whom do not manifest any problems associated with alcohol abuse; an ap-

proach which explores the full range of use (social, family and religious customs) and problems resulting from abuse, or inappropriate use, such as hangovers, fights, other aberrant behaviour and accidents along with the long-term consequences of chronic over-consumption such as liver-cirrhosis, alcoholism and brain damage, in addition to harm to the unborn fetus.

Such an approach, as I suggest in my "testimony for the record" for the August 10 hearing, is exemplified by the report of the Education Commission of the States Task Force on Responsible Decisions About Alcohol, copies of which I have provided for the record.

Concerning the second part of this question, responsible, moderate drinking by those who can drink and choose to drink, produces no adverse health consequences. Rather than being detrimental, such drinking is apparently beneficial, according to the studies by Wiley and Camacho and Longnecker and MacMahon, copies of which I have provided for the record. (Material available in Committee files.)

Question. Many people agree with your comments that broad educational efforts are necessary to inform the public, especially young people, about alcohol. Proponents of labels say they are a vital part of that effort. If you are supportive of education, why should labels not be a part of that educational effort?

Answer. I am supportive of comprehensive, factual, and non-judgmental education, as expressed in response to your first question. I am opposed to simplistic warning labels, especially those which make no distinction between consumption and overconsumption, as is the case with S. 2047. Such labeling, in my view, is counterproductive to effective education. It is a pejorative approach and will serve to reinforce the fear, guilt and "forbidden-fruit" mystique associated with alcohol consumption. These are primary factors in the development of problem drinking in multicultural America.

Question. In your testimony, you refer to the 1977 report of the Education Commission of the States Task Force, chaired by former Governor John West of South Carolina. That report included a warning that persons should not operate complex machinery while consuming alcohol that is one of the warning labels proposed in the bill before us. Wouldn't the label help to provide information to people about that hazard?

Answer. The Education Commission of the States Task Force on Responsible Decisions About Alcohol, on which I was privileged to serve, did not recommend warning lables on alcoholic beverages, in any instance, to further what is considered to be important information and education about alcohol. In fact, after hearing from several authorities who served as consultants to this task force, the group eschewed all of what it considered to be simplistic and negative approaches such as warning labels.

One of the consultants to the E.C.S. Task Force was Dr. Harold Mendelsohn, an eminent authority on mass communications, of the University of Denver. I am pleased to submit for the hearing record two papers by Dr. Mendelsohn, both of which have bearing on the question of health and safety warning labels as to their effectiveness or ineffectiveness. One is his paper in "Health Education and The Media"—Proceedings of an International Conference held in Edinburgh, March, 1981. The second, titled "More Than the Public's Right to Know" was presented before an International Symposium on Alcohol and Driving, Washington, D.C. November 18, 1982. (Material available in Committee files.)

I also enclose a monograph by David J. Pittman, Ph.D., Professor and Chairman, Sociology, Washington University, St. Lous, Missouri, the title of which is "Primary Prevention of Alcohol Abuse and Alcoholism: An Evaluation of the Control of Consumption Policy." (Material available in Committee files.)

Both Dr. Mendelsohn and Dr. Pittman are members of the unpaid Alcohol Policy Council Board of Advisers.

Further, when questioned by you in my oral testimony concerning the research done by Henry Rosett and Lyn Wiener, I told you that I would submit a more comprehensive copy of their findings. Also enclosed, therefore, is their book, "Alcohol and the Fetus: A Clinical Perspective." (Oxford University Press, 1984.) (Material available in Committee files.)

Enclosures.

ADDITIONAL MATERIALS SUBMITTED BY MR. AUGUSTUS HEWLETT (AVAILABLE IN COMMITTEE FILES)

"Warning Labels"; Morris E. Chafetz, M.D., 1987.

"Should Liquor Bottles Carry Health Warnings?"; Pat Taylor, Morris E. Chafetz, News-Press, Fort Myers, Florida, January 3, 1988.

"Liquor Warning Labels Offer Little More Than Alarmism by the Drink"; Morris E. Chafetz, Washington Star, October 28, 1979.

"Responses to Questions on Warning Labels", in response to a request from Senator Donald Riegle, Chairman, Subcommittee on Alcoholism and Drug Abuse, by Morris E. Chafetz, June 29, 1979.

Statement of Morris E. Chafetz, M.D., to the Senate Subcommittee on Alcoholism and Drug Abuse, February 13, 1978.

Senator GORE. Okay. Thank you very much.

Our next witness is the only witness who is actually a producer of alcoholic beverages who would agree to come and testify today. Now, maybe, Mr. Taylor, that makes you kind of the spokesperson for all alcohol producers here. I guess maybe it would be inaccurate to say that, but I have heard a lot about you and I am looking forward to your testimony.

I wish that I did not have to ask you to summarize, but I do. Please proceed.

STATEMENT OF WALTER TAYLOR, PRESIDENT, BULLY HILL VINEYARDS, INC.

Mr. TAYLOR. Thank you very much, Senator. Good afternoon, everybody.

My name is Walter Stephen Taylor. I am President of Bully Hill Vineyards, Incorporated. I am also President of the New York State Wine Institute and the only wine and grape museum chartered by the Education Department, State of New York, in Hammondsport, New York.

My family is the oldest wine family in the United States. We have continually been growing grapes and making wine for five generations, with a great deal of love, respect, and caring for our fellow human beings, since 1878.

Bully Hill Vineyards is the original Taylor Wine Company, founded by my grandfather, Walter Taylor, in 1878. Bully Hill Vineyards, Incorporated, of which I am sole owner, is the only alcoholic beverage producer in the world that has willingly given warning labels, such as: possible addiction, irresponsible use, no drinking and driving message, fetal alcohol syndrome, consult your physician, 21 years of age purchase rule, and total ingredient information. This has been provided to the consumer in one form or another since 1968.

I feel some humans should never touch alcohol. The rest of the wine industry and alcohol industry has been violently opposed, however, to my concept. There is a lot of people who should not drink because they are not aware of their limitations. The more producers of products help their consumers they will not only find greater growth and greater profits, but, and even more important, a high degree of self-worth for all concerned, a safer, sane America. Note attached labels.

In 1970, after I publicly disclosed nationally that water, chemicals and deception would ruin American wine, I was thrown out of the Taylor Wine Company and blackballed by the rest of the alcoholic beverage industry, with the exception of a few hardy souls who believed in my philosophies.

I created an essay called "The Conscience of the Corporation, Facing the Performance of Excellence," in 1970 which is attached.

Some of my guiding thoughts are these: "A product is the extension of a person's soul;" "we must always be responsible to the public that permits us to exist;" "our goal in life is to increase the self-worth of the individual with honesty and integrity of product labeling."

Starting from scratch with my father, Greyton H. Taylor, helping, we proceeded over the past 21 years to build a very successful business with a base of approximately one million dedicated and loyal consumers. Our sales went from in 1967 about $10,000 a year to approximately $2 million, struggling against considerable road blocks, death threats, economic and political blackmail that was set up constantly by outside competitors, individuals, including those employees in the State of New York government.

We even got involved in the Second Circuit Federal Court system which ordered me never to tell anybody where I came from or what my name was forever. They denied me a trial and court reporters and ordered many of my paintings, poems and to family archiveous to be publically burned and destroyed Nov. 15. 1979 at Coca-Colas owned Tayor Wine Co. in order to discredit not only my views, but let Coca-Cola try to force me out of the wine business.

The majority of the producers and distributors of our wine industry, including the wine publications, have also felt and held the same views that I was destroying the industry because we wanted honestly integrity of labeling.

We recommend the use of warning labels and total ingredient label information on all alcoholic beverage labels and advertising, as long as it is done creatively and in good taste, practical, honest, truthful, artistic, with social redeeming value and responsibility to everyone, without denying others their right to exist.

For example, we at Bully Hill offer a free brochure made available because there is not enough room on the label for all the necessary information that should be given to the consumer. We have never had a consumer, in all the years of its use, complain because of our sensitivity of being responsible, which is dear to so many.

Personally, I am against alcohol advertising on television that glorifies its use. However, I would not want to deny or ban this expression because it is another restriction on our Bill of Rights that over the past 200 years or so so many have died for.

But there must be a way that we can balance the equities so that the consumer can make more intelligent choices in life, as the cost of this effort by our industry would be minimal. In fact, the use of honesty and integrity in ingredient labeling has never been much of an economic burden, only a moral dilemma for those that think there is a loophole somewhere that guarantees effortless, happy, monetary success without work.

Behavior changes can also be enhanced by other collateral industries, assuming that they assume some of the responsibility of having their products designed to help consumers protect themselves. For example, the automobile industry could place irresponsible use of alcohol information on all of their advertising, on brochures which are in automobiles, and on individual car or truck panels. Warning labels could also be attached to the control panel or dash.

Hopefully, recent advances in molecular medicine show promising cures for alcohol-contributing diseases of the liver and other afflictions. Conflicting scientific evidence should be measured responsibly before we can concretely say, for example, alcohol is habit-forming and place this or other statements on products that might not be "iron clad."

For example, all present and past scientific studies using wine and other alcoholic beverages are most probably flawed because, with the exception of a few wineries such as Bully Hill Vineyards, the rest of the industry uses the ion exchange and pasteurization, which takes out of the product almost all of the vitamins and minerals inherent in the beverage that is beneficial to the body. The composition of beer, and wine are different than "hard liquors."

The most important objective of the government would be to keep our legal industry under the control of the Treasury Department. It is much better to maintain a legal industry so that wine products are not contaminated before the consumer uses them, as happened during Prohibition or the possible result of high taxes, when many people started producing alcohol in all forms and in all places, severely contaminating millions of innocent people.

We need a national panel that would convene regularly, made up of individuals from all aspects of this dialogue to help increase public awareness so that everyone is aware of its importance and direction. There are a lot of responsible individuals like myself in the wine industry who would like to be heard but are not because the major corporations do not want any compromise or dialogue that is contrary to their stone-walling parameters.

I have a particular concept that I developed using art as a medium, which recently took place in Wayne County near Rochester, New York. I started a pilot program, donating personal funds toward children under the guidance of their art teachers, in local grammar and high schools, for their artistic impressions of personal images of substance abuse.

This was very successful. I can envision a national program utilizing local businesses for prizes in schools with their art departments as implementors. Local involvement using our future citizens would be extremely helpful in reducing abuses of drugs, and awareness of their possible irresponsible use by having contemporary artists displaying their images. This would have greater imapct than repression which leads to violence.

Winners from all of the schools could be sent to the capitols of the states for awards and then the winners to Washington for a national event, with recognition so everybody in America becomes involved. It's an extremely interesting concept who's cost would be miminal, but have far greater positive effect on our citizens. The White House was notified of this program and its success but refused to comment.

I have been trying to talk or attend alcohol conferences regarding its abuse, but have not been encouraged by their participants.

The press, in fact, in a national sense, does not even want to respond to the fact that I have had warning labels on my products for years.

In fact, Donald K. Butcher, Commissioner of Agriculture of the State of New York just recently told me that the majority of con-

sumers do not care about honest labeling. No one I know of in the state political system has given me any encouragement and even the United States Department of Transportation, when I wrote to them, was not really happy about my warning label on drinking and driving (attached which I designed.) Thank you.

[The questions and answers follow:]

QUESTIONS OF SENATOR GORE AND THE ANSWERS

Question. Why did you decide to label your products with both ingredient labels and health warning labels?

Answer. In 1968, twenty years ago, while working at the Taylor Wine Company, I realized business in general was not interested in being honest to the public and they had a complete and dominant role over the consumer; to the point that the consumer had very little protection, from not only additives in wine, but there was not interest in protecting individuals who should never drink at all; plus our grape farmers were being abused by low prices brought on because cheap contaminated railroad tank car wine could be used in wine and not disclose it on the label.

I started writing and publishing things that paraphrased my feelings about the lack of consumerism. This of course was blowing the whistle on the general establishment, and I was a whistle blower. I risked everything including my life, my personal well being, and my family's economic future. We felt the importance to be honest to the consumer. I have been a part of the industry as a loving grape grower and wine maker, have endured over twenty years of criticism and retribution trying to have the State and Federal Government protect the consumer.

You have to have, not only ingredient labeling, but health labels at the same time, as long as warning labels are concrete, verifiable, and scientific truths. I've enclosed a copy of our back label (No. 1). I'm also sending along an article from the New York Times, August 21, 1988 (No. 2), "Looking Hard at Science's Self-Scrutiny", where one can see very quickly that a lot of scientific articles have been faked for whoever's purpose. There are so many conflicting scientific studies, especially in the wine and beer industry.

We are, at Bully Hill Vineyards, going to place our new warning labels in red, on our back labels in a box to highlight their importance. I think that those statements we make on our back label, follow a good middle ground. The consumer is warned, and producers/businessmen are not unduly or unscientifically placed at a disadvantage.

In recent years, statements regarding health aspects of sugar, butter, and meat, et al, have been published in respect to the well being of the human body, are now being modified in light of continuing research. Therefore, warning labels must be a true statement in view of objective investigations.

It would also be nice if the auto manufacturers put warning labels on their cars regarding alcohol and substance abuse while driving. They should also be concenred about pollution and education instead of adding more and more horsepower, so that you can drive a car at 155 mph as shown in exhibit 4, without any warning labels.

Question. Some in the alcohol industry suggest that labeling is costly and will not be effective. How much does it cost to put a health warning label on a bottle of your wine?

Answer. The cost effect of the warning labels on a bottle of wine is negotiable; as we have different vintages, grape blends, and percentage of alcohol in the product. As for warning labels, as long as it's consistent on the back label, this would not pose a problem. Since many wineries, which number in the tens of thousands, have hundreds of wines with different vintages generic or non-generic, this means hundreds and hundreds of different labels. Beer and whiskey would be easier to implement since they are non-vintage and more generic. As long as warning labels are honest and effective, and raise the level of awareness in humans about the possible misuse and irresponsible applications. Case in point, in designing a new airplane, I went in to a hobby shop and noticed a lot of warning labels on model aircraft engines, planes, etc. in regards to backfiring engines, hurt fingers, inhalation of fuel, etc. As children, many of us built model planes, not aware that certain substances might damage us. The warning labels have not deterred people from building model airplanes.

Another case in point, warning labels should be on milk. There is a large population of citizens in this country who are very allergic to milk and its natural constituents. The same with cheese and probably a lot of foods that carry high amounts

of sodium or salt in their structure which could be very injurious to people on low sodium diets.

For example, what does 200 milligrams mean to somebody, is it added salt, is it natural salt? Where should the threshold be? Twenty-five milligrams per serving?

I'm sending along our grape juice label, we are the only grape juice manufacturer that gives total ingredient labeling to the consumer. We're in the process of upgrading this information nutritionally. You'll note on our back labels that we ask the consumer if they need any more information on vitamins and minerals inherent in the product, since we don't use the ion exchange or pasteurization. The small size of the labels and the amount of information available needs this type of extra referral.

Question. The following quotation appeared in an editorial in the Rochester, N.Y. Democrat and Chronicle:

He (Mr. Taylor) would like to see the makers of alcohol and the crusaders against its abuse stop confronting each other and start working together as a team. Why don't they? Taylor says the alcohol people are scared because they feel guilty, and the rehabilitation people are afraid they'll lose business if more people learn how to drink responsibly.

Is that accurate? Please explain.

Answer. The rehabilitation industry is a multi-billion dollar growth industry. There are those in this industry who are advertising on television, radio, and in the newspapers for customers, which makes them a commercial business.

They have told me they are not against people drinking or using alcohol, their income for the thousands of numbered facilities across the country designed for the rehabilitation of our citizens has to reside with alcoholics, drug abusers (genetically or induced), and sick humans to pay their salaries and keep their facilities running.

The alcoholic beverage industry generally on the other hand has some guilty feelings, because of prohibition and the self-denial that they are actually in a drug industry, even though it is illegal and possibly habit forming to certain humans.

The only way that we're going to help our citizens, which is primary, is to start to develop a dialogue between the alcoholic beverage industry, and the commercial rehabilitation industry so that the consumer can be more educationally aware of what happens if they abuse themselves irresponsibly.

This should be the main efforts of the Government, to bring these two opposing forces together. To come up with some sort of a mutual solution instead of mandated laws which might make statements on products that are not concrete scientific proof.

We have to be careful on warning labels, because as you can see by item number three that I have enclosed, the copy of the New York Times, August 3, 1988, that producers of alcohol could quote new studies such as "women find heart benefit in light drinking" in their advertising. If the alcoholic beverage industry and the rehabilitation industry were totally interested in the consumer and didn't feel guilty about anything, they would welcome dialogue and invite people to talk even if it is controversial or threatening.

The main thing is our young people and their awareness. It would be counter productive where the media and the producers can be blamed with all sorts of shoddy claims, based on politically induced scientific evidence.

I would suggest that your committee, recommend to a large producer of wine, beer, or whiskey to adopt this responsible philosophy, and voluntarily place warning labels on their products. If this could be accomplished, the rest of the industry would go along with it, because of the natural desire to be competitive.

They might be more apt to go along this way than to have it forced on the industry by the U.S. Government. I would like to have your input on this last suggestion.

We are sending you a sample of our updated warning label which will be included in our ingredient and informational brochure.

Enclosure.

BULLY HILL VINEYARDS, INC. BROCHURE—REVISION #5—7/8/88

WARNING: These products contain alcohol, a substance that occurs naturally in many farm products. Professional scientists are confused with it—is it a stimulant, depressant, a drug? Can it be habit forming? There are humans that should never digest it—if concerned, consult your physician. Even though wine has been used world wide for over 4,254 years, irresponsible use could be harmful, especially combining it with prescription drugs, tobacco, during pregnancy, and driving land, water vehicles, and aircraft, et al etc. You must be legally 21 years of age to purchase and enjoy this product in the United States of America. We do not ion exchange and there is a great difference between wines that have been ion exchanged or pasteur-

ized and those that have not. Therefore all scientific tests vis-a-vis the human body and wine have been seriously flawed, depending on what is or is not done to the product. Length of life and health of humans are the result of a vast spectrum of input, weather, sun, environment, culture, religion, race, exercise, stress, emotion, food and beverage intake, genetic disposition, et al, plus many more. For example, mustard and wine could be more harmful than pickles and wine without exercise, but with exercise the human body might benefit. Sensationalist claims by well meaning researchers try to pick one factor as the only culprit that might affect health, enhancing for political reasons, confusion. The media is important, but many of their writings are seldom set in concrete. No one will leave this vale alive, because the world is mad and everyone in it is trying to make it normal. This gives us the elation and excitement necessary to face every rising day with confidence and faith, paraphrasing our slogan "suction is more powerful than pressure." We can only struggle for the truth in a responsible manner in order to increase the self worth and health of the individual.

Senator GORE. Thank you, Mr. Taylor. We will save questions. Our final witness today is Ms. Doris Aiken who is President of Remove Intoxicated Drivers, or RID, from Schenectady, New York. Welcome, Ms. Aiken. If you could summarize your statement, we would appreciate it.

STATEMENT OF DORIS AIKEN, PRESIDENT, REMOVE INTOXICATED DRIVERS (RID), SCHENECTADY, NY

Ms. AIKEN. Thank you, Senator Gore, and I bring you greetings from our many chapters of RID in Tennessee who really appreciate the good work that you are doing. It is a courageous job that you are taking on in an election year, to try to tell the truth about alcohol, because that is what we are talking about here.

Senator GORE. I am not up for re-election this year.

Ms. AIKEN. My name is Doris Aiken and I am President and Founder of RID. This is our tenth anniversary year. We have been working to help the victims of drunk drivers and to monitor cases in court and deliver justice to the victims of drunk drivers. And we have monitored 16,000 such cases in the State of New York alone.

We are active in most of the states in the nation, and in France. And I am no prohibitionist. I use and serve alcohol. I enjoy drinking it and I am not a neo-prohibitionist, nor is any other member or board member of RID, AIM, MADD, or any other organization that I have worked with in the ten years that I have been in it.

And to insinuate and put a stigma of prohibition on people who are trying to do their duty as a citizen is wrong, and it is just part of the way that the alcohol industry is trying to shield Americans from the truth about alcohol.

The key question is, is there a gap in knowledge and why do we need labels. And I am here to testify and to prove to you that there is a tremendous gap. First of all, I would like to have my husband, Bill Aiken, Vice President of RID, show some beer cans which we carted up here from Schenectady, New York, putting my reputation as a prohibitionist in some disarray.

Senator GORE. This picture could be misinterpreted, you know.

Mr. TAYLOR. I do not know why you do not have Bully Hill wine up there.

Ms. AIKEN. I am going to concentrate on beer because beer is the only beverage that prohibits the word alcohol on their cans or any mention of the percentage of alcohol, and it is the only alcoholic beverage in this nation that has that prohibition by law.

If you examine those cans of all different brands of American beer, you will see that alcohol is not mentioned. Not the percent, not the volume by content, or anything else. I am going to——

Senator GORE. You said prohibited by law?

Ms. AIKEN. By law, since, well, I do not know the exact year, but the Commerce law prohibits the marking of alcohol on any malt beverage which is packaged in the United States.

Now I am going to put the Canadian beers up there, Labatt and Mohlson beer, and you will see that those who have the blue ribbon have alcohol.

Senator GORE. It sure looks like it has been a long hearing.

Ms. AIKEN. Have the alcohol content on it, not only in English but in French. It says, "This product contains alcohol," and it gives the percent of alcohol by volume content.

When those bottles, Canadian products, come down to the United States, they have to conform to the "standards," of the United States where the words alcohol are removed from the bottle and the percentages are removed by law.

And when Old Milwaukee beer crosses the line from Detroit into Canada, it has to put on its label the alcohol content.

Senator GORE. What was the original thinking behind that law, do you know?

Ms. AIKEN. I cannot get into the minds or the backyard planning of the brewery industry.

Senator GORE. Well, if you do not know, do not speculate. Speculation is obvious, but there may be another reason for it.

Ms. AIKEN. I believe that there is a long range plan of the alcohol industry to promote beer as an American health drink. The All-American drink that we all have to have. It is a health tonic and people who take it will live longer.

And I have to contradict my colleague Mr. Hewlett here on the panel by saying that those who drink responsibly live longer lives, because those teenagers who drink responsibly are losing their lives in droves. The worst crash we had in the State of New York, where the driver was at .09, not even legally intoxicated, eight people were killed and one survived.

Alcohol, especially beer because that is the beverage of use and that is the one that is marketed as the essence to all good life and good cheer and good sex, that beverage we are not allowed to talk about in terms of alcohol. Do people know that there is alcohol in beer, however? Do they?

Well, they think that there is some alcohol in beer, but it does not matter. The amount is so miniscule that you can drink it all day long and that is perfectly all right. You are not going to get drunk.

I run a national victims' hotline, and many frantic parents call me up and say, "my son is down there in the jail. He has been arrested for DWI. He does not drink, only beer." I do not know how many people tell me they do not drink, but only beer, and I think up here, on this tripod here, is a poster where we tried to get an educational program that a drink is a drink is a drink, and that alcohol is alcohol.

This information here was not allowed to be put on our chief educational tool, broadcast television. Why was that? Well, I asked

the President of the New York State Broadcaster's Association why? I begged him, why he did not put this information up on national TV. And he said because the brewers threatened to withdraw $1 billion worth of advertising if we did that.

You cannot insinuate that there is alcohol in beer on our biggest and most forceful educational tool, broadcast television.

Senator GORE. What was the name of the gentleman who told you that?

Ms. AIKEN. Joseph Reilley, and that is in my testimony.

Senator GORE. Okay, thank you.

Ms. AIKEN. The broadcasters do not want people to think about alcohol and beer. They want you to think that anybody can drink this drink responsibly and they like to talk about illegal drugs.

Alcohol is illegal for everyone under 21 in this nation, and I have to contradict my colleague (Hewlett) again when he says the 21 drinking age does not save lives. It eliminated the blood borders in the United States of America, and we now realize a 10 percent across the board average reduction in youthful deaths and all deaths because of the 21 drinking age that was passed.

I cannot imagine where he gets his figures. Well, I can imagine. The brewers will go to all lengths to hide the truth about alcohol, and we have started to broaden our focus back in 1984 because we realized that even though all the laws that we passed and the new philosophies that were introduced about SADD and roadblocks and interlock systems, the deaths were going up.

I think, Senator Gore, you should know that the deaths, the alcohol-related teenage deaths went up 13.6 percent in 1986, reversing a downward trend. That is no blip on the charts. That is a disaster. And these young people do not know that if they drink beer, they are not supposed to drive. They think they are not supposed to drink alcohol and drive, but that does not mean beer.

I know that I read the New York Times this weekend, and there was a picture of a silver-medal athlete who had ruined his life and killed two teenagers, and what he was doing was, what the ads tell you to do every day in prime time TV, and that is drink on every possible sad and glad occasion, and that is what he did, all day long.

The New York Times reported what he was drinking, and I would like to read to you what he was drinking. In the car one bottle, twelve ounces, Millers Light, five cans, twelve ounces, Bud, empty. One sixteen ounce can, Bud, empty. One twelve ounce can, Coors, empty. One twelve ounce can of Busch, cold. None of them with alcohol-related information on them.

We have a very sad situation in my home town, where two parents took aside their 15 year old son, under great peer pressure to drink all the time. He may have had a problem drinking, and they decided that they were going to sit down and drink with him, and that they were going to drink until he got intoxicated and he would have a terrible hangover the next day, and he would never abuse alcohol again.

Did they know that abusing alcohol would lead to coma and death? No, they did not. And now they are being charged with criminally negligent homicide and recklessness, failure to use due

care. And they are a stunned couple, heading to jail after a serious tragedy.

And I think that the label should add the information that this product, beer, contains alcohol, a drug which if abused can lead to coma and death. I further hope that these warning labels will be put on all marketing and all advertising so that on the screen, when we see somebody like Tip O'Neill pushing beer, somebody like Paul Newman standing in front of his racing machine with a can of beer in his hand, that underneath that in very easy-to-read letters would say, the Surgeon General reports that abuse of beer can lead to colo-rectal cancer, and that abuse of beer leading to driving a machine can lead to death and coma.

And then we will be telling the truth about alcohol. That is what this is all about. This is about money hiding the truth from the American people. I put it to you, Senator, that in a free society, if we cannot tell the truth about any product that is produced here, then we are acting in a very un-American way.

Senator GORE. Thank you very much. I asked the other organizations that testified about their financing. RID does not receive any funding from the alcohol industry, is that correct?

Ms. AIKEN. We do not accept, nor did we ever ask for money from the alcohol industry. We have an all-volunteer board, and we are united in support of this labeling bill.

Senator GORE. And the Alcohol Policy Council does receive funding?

Mr. HEWLETT. We have received funding from a broad range of individuals, small businesses and corporations, including certain segments of the beverage industry, just as most other alcohol problem interest groups, including many of the affiliate member of the National Council on Alcoholism, Mothers Against Drunk Divers and others receive funding from them.

Senator GORE. I am not saying that there is anything wrong with it. I just think that for the record that I would like to ask what percentage of your funding comes from the alcohol industry?

Mr. HEWLETT. I am hard pressed to say that, Senator. I do not know. I do not have my books with me.

Senator GORE. I understand. We had the figure 20 percent earlier from the ACA. But could you just give us a rough guess?

Mr. HEWLETT. Well, it is more than 20 percent, but what that is I do not know.

Senator GORE. More than 50?

Mr. HEWLETT. Around 50, yes. But let me tell you that there are absolutely no strings on any and every dime we receive. We are totally independent and we will remain that way.

Senator GORE. I just want the information for the record. I am not trying to say anything else. Mr. Hewlett, do you have a scientific research staff?

Mr. HEWLETT. No, I am the only staff person.

Senator GORE. Are you the only person?

Mr. HEWLETT. I am the only person in the Alcohol Policy Council headquarters. It is in my home.

Senator GORE. You are the Alcohol Policy Council?

Mr. HEWLETT. I am, in essence. I have 25 members of my advisory board which I would like to call on and I could, if I had the funding resources and so forth to do so, but I do not.

Senator GORE. Okay, so approximately 50 percent of your funding, then, comes from the industry.

Mr. HEWLETT. Yes, which is very miniscule.

Senator GORE. It comes from the alcohol industry. Now, you were suggested to us as a witness by the industry. We asked the companies to come. Of course, we have subpoena power, and we could go through the Fifth Amendment and whole routine. It would not come to that, but we have had an informal policy of trying to get people to come and testify if they will.

But they did not want to testify, as I have noted before, but they have recommended you. Now, you have come here and presented this statement to the Committee, you were recommended by the industry, you come here——

Mr. HEWLETT. I was recommended by the industry. My statement was written, every word, by me.

Senator GORE. I did not say otherwise. I am sure it was. But you make this statement to us, "Birth defects resulting from over-consumption of alcohol during pregnancy are confined to heavy-drinking women."

Mr. HEWLETT. That is right.

Senator GORE. And you do not have a research staff. Are you pretty confident of that information?

Mr. HEWLETT. Yes. I have the study here in hand, if you would like it.

Senator GORE. Is it one of the numerous studies that have come out in the last six months, the last year?

Mr. HEWLETT. I think this study is dated 1980, if I am not mistaken, but I can tell you in just moment. It is Longnecker and Brian MacMahon, which came out in 1987.

Senator GORE. Could we get that from you please? You are pretty certain, then, that birth defects resulting from alcohol are confined to heavy-drinking women or problem drinkers?

Mr. HEWLETT. That is my impression after reading the report which you now have.

Senator GORE. Well, if you felt that statement was not true, would that change your opinion of the desirability of a warning to pregnant women about the dangers of drinking?

Mr. HEWLETT. If I felt that statement were not true.

Senator GORE. If you felt that moderate drinking caused birth defects among the children of women who drink during pregnancy, would that change your opinion.

Mr. HEWLETT. Yes, it would. And let me tell you something else. If I felt that warning labels, increasing in taxation, if I felt that reduction in hours and outlets of sale, if I felt that bans or greater restrictions on advertising would help, I would also be very much in favor of those things and try to be at the forefront in pushing them through.

Senator GORE. Okay. Now, did you hear Doctor Jones, the leading medical authority in this field?

Mr. HEWLETT. Yes, I did.

Senator GORE. How do you evaluate that?

Mr. HEWLETT. Well, my evaluation of it is rather peculiar. As I recall, he said something to the effect that he believes that any consumption of alcoholic beverages during pregnancy is bad news and he would recommend against it.

He did not address the proposition that if a woman who had determined that she is pregnant several weeks after the fact should be also exposed to the same warning label. Now, maybe I missed it. Maybe he did, but that is not what I caught.

Senator GORE. What do you mean?

Mr. HEWLETT. I mean that he seemed to be endorsing warning labels per se on all containers of alcoholic beverages and I disagreed with him on that, if that was his intent, because I think that warning labels on alcoholic beverages can do tremendous damage to women who are otherwise responsible moderate consumers and they discover, several weeks after the fact, that they are pregnant, during which time they have had several drinks.

I think it could cause hysteria. I think we could even see suicide. I think we could even see abortion, and I think it would be disastrous.

Ms. AIKEN. Senator Gore, could I please say something which is factual? The cans in front of you represent the amount, the number of drinks (12) the average drunk driver has consumed just before he is arrested for DWI. And 80 percent of those cases are beer drinkers.

We need those labels, and the idea that beer is a health drink and does not have alcohol in it has been vigorously promoted by the brewery industry and it has reached into the jury rooms of our nation, denying justice to victims.

And when the main defense for a murder charge by a defense lawyer is that he was only drinking beer and the jury drops the charge from murder to negligent homicide, then we know that people do not understand about beer and alcohol and the role it plays in their lives.

This is the only chance we are going to get on national television this year, and maybe next year, because the brewers do not permit RID to appear on national television because we are so opposed to the advertising and pushing and marketing of beer on national television. I thank you for this chance to speak up.

Senator GORE. Yes, thank you. And thank you for your testimony. I will get to you in a minute, Mr. Taylor. Mr. Hewlett, we have examined your study here and it does not refer to birth defects from drinking. This is a study on the association between alcoholic beverage consumption and hospitalization.

Mr. HEWLETT. I am sorry. You want which?

Senator GORE. I asked you for the source of your authoritative statement here that birth defects resulting from over-consumption of alcohol during pregnancy are confined to heavy-drinking women.

Mr. HEWLETT. Did I report Weiner and Rosett?

Senator GORE. Well, you gave me Longnecker and MacMahon, which does not have anything to do with it.

Mr. HEWLETT. I think I gave you the wrong citing. I have it here.

Senator GORE. Could you give the correct one to the staff?

Mr. HEWLETT. I will give the correct one to the staff.

Senator GORE. You see, because your testimony here is just contrary to the medical consensus.

Mr. HEWLETT. I understand that, Senator, and I want to tell you that there are numbers of studies in the scientific literature which are going to contrast dramatically with the witnesses that I have seen come, so far. Again, we are three who are opposed to this piece of legislation.

Senator GORE. But you say there are numbers of scientific studies that contradict this medical consensus that I refer to?

Mr. HEWLETT. I think there are a number of scientific studies which would refute whatever studies come up with people who are on the other side of the fence.

Senator GORE. Now, this is based on the research of the Alcohol Policy Council?

Mr. HEWLETT. Yes.

Senator GORE. And you are the research staff of the Alcohol Policy Council?

Mr. HEWLETT. I am the staff.

Senator GORE. And you have done the research upon which you base these statements that you have just made?

Mr. HEWLETT. Yes.

Senator GORE. I appreciate your earlier statement that if you felt this statement was wrong and that moderate drinking could cause birth defects, you would change your opinion on the warning label.

Mr. HEWLETT. I certainly would, yes.

Senator GORE. Well, there may be others in the industry here who have the same feeling and might possibly be convinced. They may have larger research staffs. They may be able to look at the scientific evidence and they may be able to come to some conclusion.

Let me say here that I respect the industry. I know there are some people here who have fought the industry for so many years that there is great bitterness. Just last week, the beer wholesalers came and took what I thought was a very responsible position in this very hearing room, in supporting legislation on drunk driving.

And I have worked on a number of problems over the years with the industry and I did not approach this topic with the idea of coming out definitely behind the Thurmond-Conyers bill. I actually thought, based on word on the street, as I said earlier, that there was a good chance that reasoned voices within the industry would be heard and that the time had come for some compromise on this.

I actually expected it. I have been surprised by the industry's reaction to this whole thing. I really have been, and I must say that I cannot help but feel my own views harden during the process of going through this. Now I am not through yet, Mr. Hewlett.

I felt that the industry would take a more responsible position, but I am disappointed with the kind of stone-wall attitude that I have encountered, especially when you look at the birth defects, the number one preventable cause of birth defects in the United States today and drunk driving, about which so much has been said, written and done already by groups like RID and others here.

You know, this is 1988. Come on. It is time. We do not need this confrontationist approach, this confrontational approach on the

part of the industry. Mr. Taylor, you wanted to say something earlier?

Mr. TAYLOR. Well, you can imagine my position in this. For almost 20 years constantly hounded by the rest of the industry and threatened and everything else, because I have warning labels on my products.

It has been rather unfortunate that the industry has taken this attitude because I think that the younger people in the industry really see the light, I think. I see nothing wrong with it, even though, you know, it has cost me dearly in many respects.

Senator GORE. It has not cost you in sales, has it?

Mr. TAYLOR. Oh, yes. I have been delibertly black-balled in a lot of markets all over the country.

Senator GORE. Let me rephrase the question. Have you lost consumer sales because of reaction to the label or has it been within the industry structure?

Mr. TAYLOR. Well, the consumers love it. The consumers love honesty and integrity. I do not think of any business that I have ever been in or associated with or ever seen that ever failed because of honesty and integrity of product information to the consumer.

The only way we ever fail in this world is by destroying ourselves. This nation, you, me, any organization in this world, never loses because of an adversary. We only wind up defeating ourselves. That is how we lose.

It is unfortunate for the industry to take this attitude and I think that it is a small group. I think the younger people coming up, and I wish I could say I was younger, I have been trying to maintain my youth, but as I go to every convention, more and more I start to find people talking to me, finally.

But there is still a hard core out there that feel that they could care less as long as they keep the machines and the bottling lines running night and day. I do not think that that is the way to approach this industry, and I think a lot of other people feel the same way within it, and I just wish that they would come forward or have a chance to come forward.

But unfortunately a lot of people do not want to take those risks and to stand up and to gamble everything for something you believe in.

Senator GORE. Mr. Fege, there are surveys that indicate the best predictor of drinking habits of adolescents and their behavior is the drinking habits of their parents with regard to alcohol use. Does your experience and your organization's experience tend to confirm this?

Mr. FEGE. Yes. There are really three predictors. One is television, and for many children that has become a surrogate parent and I think we cannot underestimate the power of the media.

I want to stop there for just a moment and suggest to you that those of us who fought the counter ad issue on television and radio did not have either the voluntary cooperation of the industry. In fact, the industry, for a number of us, became obstreperous and mounted a campaign which infiltrated some of our local and state memberships.

It did not work, but I will tell you that I do not share, your perceptions about cooperation from the industry, and I say that very respectfully. The campaign of alcohol warning labels started out as a voluntary campaign, rather than a campaign seeking legislation. I commend the efforts that Bully Hill is making.

Mr. TAYLOR. You know, it is very interesting that in all my dialogue in trying to talk to people and trying to talk before the national society MADD and many other things, nobody wanted me around. You know, it is as though I am sort of in between.

I am not really there, and yet I am there, and it has been sort of, you know, the industry does not want me and the substance abuse groups that want to help people do not want me. But I feel, you know, that we have to work together as a team. We have to get responsible young people working within our industry and your industry to develop a better pathway to help educate people. Even in this particular hearing I have noticed certain things about my back labels and brochures that I am going to implement and change when I get back to the winery.

Ms. AIKEN. I come from New York, Mr. Taylor, and I noticed your campaign. I commend you for it and I buy nothing but Bully Hill wine, if I can afford it.

Mr. TAYLOR. Well, we also make grape juice, too.

Mr. FEGE. If this is not a conflict of interest, I would say, then, that I, who drink responsibly, will buy a bottle this evening if I can find it in Washington. I want to continue on the question that you asked, Senator, and that is the third important influence over children in school besides the behavior of parents and the influence of television is the school. If a comprehensive program including the parents, the schools and the media can be engaged to educate children about the dangers of alcohol—just think how much more effective warning labels could be—as a complement to the other education efforts.

I think the combination of the media, the educational campaigns among parents and between families and parents and between parents and children and at school and in community is not only a necessary campaign but I think if we are going to make any difference in alcohol use reduction, we are going to have to pull together.

I would hope—I wish that the Anheuser-Busch's would be here this afternoon to join you. I will say, again, that if there would have been a voluntary effort on the part of this industry, we probably would not have had this hearing today.

Mr. TAYLOR. If I may conclude my testimony, I would mention the fact that I really think there should be some scientific work done on the use of the ion exchange and pasteurization in beer, for example, and wine, because when you ion exchange and pasteurize these products, you do remove a lot of the natural minerals and vitamins that are inherent within wine, specifically, and this could have a very definite effect on people that would be deleterious.

Senator GORE. Mr. Taylor, I appreciate your participation here and that of all of you. I want to conclude just with a couple of brief additional questions for you, Mr. Hewlett.

What do you define as heavy drinking?

Mr. HEWLETT. That, Senator, depends on the size and the sex of the person. It is cultural.

Senator GORE. A ballpark?

Mr. HEWLETT. A ballpark, it is impossible to give in a poly-cultural society. If you are in Montgomery, Alabama, it is one thing. If you are in Newark, New Jersey it is something else.

Senator GORE. Well, I keep coming back to your statement that birth defects from over-consumption of alcohol during pregnancy are confined to heavy drinking women.

Mr. HEWLETT. Allright, now, heavy-drinking women, again, you still have a cultural situation.

Senator GORE. Range of body size, culture, etcetera, but you have made the statement and I want you to define it for us.

Mr. HEWLETT. Yes, I did, and I think heavy drinking for a pregnant lady would be in excess of perhaps two drinks a day, as a rule of thumb.

Senator GORE. Heavy drinking, two drinks a day?

Mr. HEWLETT. For a pregnant lady, yes.

Senator GORE. What would you define as moderate drinking?

Mr. HEWLETT. For whom?

Senator GORE. A pregnant woman.

Mr. HEWLETT. Well, moderate drinking before she knows she is pregnant? Well, after she's pregnant, I'm not suggesting that the lady continue drinking after she knows she is pregnant.

Senator GORE. You think after she knows she is pregnant do you think she ought to be warned that she should not drink?

Mr. HEWLETT. I am not a physician, but I am a strong believer in the lady's going to her OB/GYN and getting advice from him or her about alcohol consumption in general.

Senator GORE. Let me ask you a more general question. What do you define as moderate drinking? Just a benchmark definition. You are the Alcohol Policy Council. Surely you have a definition of moderate drinking?

Mr. HEWLETT. I have a definition for moderate drinking, depending upon different cultural groups and where you are from and so forth. And if you are from the Northeast United States, maybe four drinks a day could be considered moderate drinking. And maybe four drinks a day would not cause any problems whatever, physically or otherwise.

That would be responsible, moderate consumption. In some cases, one drink a day is too much for some people. Alcoholics cannot drink.

Senator GORE. But moderate drinking, you think, would be as much as four drinks a day?

Mr. HEWLETT. It could be as much as four drinks a day, depending on what kind of group you are dealing with.

Senator GORE. How low could be moderate drinking, excluding alcoholics?

Mr. HEWLETT. GORE. Oh, I do not know. One drink a day, whatever.

Senator GORE. One drink a day?

Mr. HEWLETT. Yes.

Senator GORE. Okay. This study that you have cited here as the sole authority for your statement about fetal alcohol effects——

Mr. HEWLETT. Yes, that is the only one I am familiar with, actually.

Senator GORE. Your study here defines moderate drinking as one drink per month.

Mr. HEWLETT. One drink per month?

Senator GORE. Yes.

Mr. HEWLETT. No. The study does not describe moderate drinking as one drink per month.

Senator GORE. Excuse me, more than once a month. More than once a month.

Mr. HEWLETT. I am not looking at what you are looking at, Senator.

Senator GORE. It is what you just gave me.

Mr. HEWLETT. More than one drink a month is moderate drinking?

Senator GORE. Right.

Mr. HEWLETT. Well, that could be a hundred drinks a month, then, could it not, if it is more than one drink a month?

Senator GORE. You know, this is not a very good scientific study.

Mr. HEWLETT. Is that the one by Henry Rosett?

Senator GORE. Yes.

Mr. HEWLETT. I will get you the full text of Henry Rosett's study. He is one of the most eminent scientists in the field.

Senator GORE. It is also four years old.

Mr. HEWLETT. Yes.

Senator GORE. And defines heavy drinkers as consuming a minimum daily average of one-and-a-half drinks.

Mr. HEWLETT. Per day, for pregnant women?

Senator GORE. No. Excuse me, excuse me. It is a study on pregnant women, that is correct.

Mr. HEWLETT. So that is heavy drinking. One-and-a-half a day.

Senator GORE. Is that your definition of heavy drinking?

Mr. HEWLETT. Well, I will accept Rosett's definition. However, Senator, that is 45 drinks a month, not one or two, and the warning label——

Senator GORE. Now, wait a minute. So what you are saying, let me just translate this back to your statement, what you are saying then is birth defects resulting from alcohol during pregnancy are confined to women who have one-and-a-half drinks per day.

Mr. HEWLETT. Who are heavy drinkers, according to Rosett, yes.

Senator GORE. Do you think that is common knowledge, that one-and-a-half beers per day causes birth defects?

Mr. HEWLETT. Well, you see, I do not think it does cause birth defects if you have a 200 pound woman. I think it does if you have a 100 pound woman. I think there are many different relations here and it is for that reason that you cannot put a definition on it.

Senator GORE. Well, I am not going to beat a dead horse or spend a lot more time on it, but you have been recommended by the alcohol industry here as a witness, and I think you testimony speaks for itself, and we appreciate your coming. I do not have anything against you personally, but I just think that it is a pretty sorry performance for the industry to allow this kind of evidence for their side of this debate and, at the same time, spend $2 billion a year on advertising and have a stone-wall approach to a public health

measure, that these 100 health and public interest groups have endorsed.

You know, I did not start out this way on this issue. This bill has no pre-emption. There are a lot of issues that have not been discussed but I would just say to the industry, because I know they are listening more intently than anyone else to this hearing, if you want this bill, it is coming down the pike.

That is all you have to do, if you want this bill, just keep on sending Mr. Hewlett up here and keep on stone-walling and dodging and ducking. If you want to discuss a measure that will make some sense and accomplish the public health goals of the legislation, then let us sit down and talk about it.

Mr. HEWLETT. Senator, may I say something?

Senator GORE. Surely, Mr. Hewlett. I apologize for cutting you off.

Mr. HEWLETT. I have to take exception to your statement that if you want this kind of bill, just keep sending Mr. Hewlett up here. I think that is a derisive comment.

Senator GORE. I really did not intend it that way, Mr. Hewlett. What I meant was this. They should have the courage to speak for themselves and not send others who do not have research staffs, who do not have the wherewithal to come up with analyses of scientific studies that are just sort of tossed out casually. I appreciate your coming today.

Mr. HEWLETT. May I suggest to you, also, Senator, that you have three of us who were in opposition to this bill, among 17 different witnesses, and you had a gallery back here which I think you can appreciate because they all applauded every time you said something derisive about one of us.

Senator GORE. Now I take exception. At the very beginning of the hearing there was applause which resulted in me banging the gavel and I heard one single hand clap after that time. But again, we appreciate you appearing. We appreciate all the witnesses appearing, and this hearing is adjourned.

[Whereupon, at 1:45 p.m., the subcommittee was adjourned.]

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ADDITIONAL ARTICLES, LETTERS, AND STATEMENTS

Statement of Mothers Against Drunk Driving

Mothers against Drunk Driving supports Senate Bill 2047, which would require health warning labels on all alcoholic beverage containers. More specifically, MADD endorses the warning which states: "Drinking this product, which contains alcohol, impairs your ability to drive a car or operate machinery."

The mission of Mothers Against Drunk Driving involves a commitment to educate the public about the dangers of drinking and driving, in order to promote responsible changes in behavior and in public policy regarding drunk driving. Requiring alcoholic beverages to bear statements which spell out the risks inherent in their use is both logical and appropriate, providing yet another means by which this important message can be addressed to those who need it most—those who drink alcoholic beverages.

Countless products we use daily are required by law to state the possible hazard connected with their use. We expect and deserve to be alerted to these hazards. Yet alcoholic beverages bear no such warnings; and do not even state the alcohol content.

Children are drinking at younger ages—12, on average—and need to be informed about the risk of drinking these beverages. A recent Weekly Reader survey revealed that many grade school children are not aware that wine coolers, for example, are alcoholic beverages; half of fourth graders are not aware that alcohol is a drug.

Each year nearly 24,000 people lose their lives in traffic crashes involving alcohol. As tragic as that number is, the reality of drunk driving is made even more poignant by the horror of individual cases, such as the Kentucky bus crash in which twenty-seven children and adults died and others were injured. Combatting the devastation that struck these families and thousands of others each year due to the combination of drinking and driving requires intensive efforts on all fronts. Warning the public through messages on containers about the dangers involved in drinking should be required as a component of that effort.

Statement of Dr. Ruth C. Engs, RN, Ed. D Associate Professor, Department of Applied Health Science Indiana University Bloomington, IN

My name is Dr. Ruth C. Engs, and I am an associate professor in the Department of Applied Health Science at Indiana University in Bloomington, Indiana. I enter this written paper from the perspective of a health educator who has focused for many years on alcohol and other drug abuse among young people attending our colleges and universities. Among my other activities, I am a board member of the Alcohol and Drug Problems Association. My latest college textbook is, "Alcohol and Other Drugs: Self-Responsibility."

I have recently returned from Oslo, Norway, where I presented to the 35th International Congress on Alcoholism and Drug Dependence a paper on college-student drinking patterns and problems after the change in minimum-age purchase laws in the United States which appears to show mixed results. I also presented a paper on identifying college students who are co-dependent—defined as someone who had a parent or grandparent who sometimes or often drank too much. A co-dependent is thought to have a higher probability of becoming an alcohol abuser compared to a person who does not have this family background.

As a health educator who has devoted a career to studying alcohol abuse among young people and developing ways to prevent it, I have been concerned that a great deal of research in my field has been ignored during this debate concerning warning labels on alcoholic beverages. This research, in psychology, sociology and health education, points to problems that could arise from the mandatory requirement of the warning labels contained in Senate Bill 2047.

There are several areas of research that imply no effects or even negative effects of efforts with similar messages as the proposed warning labels in the prevention and reduction of health problems or changing behaviors that I will discuss in this

paper. I will conclude with some suggestions in areas of education that I believe the Congress and others should be focusing upon to decrese abusive behavior related to alcohol

HEALTH BELIEF MODEL

First, this committee and the Congress should consider the work of researchers who for several decades have been studying how to effect change in behavior concerning potential harmful health problems. When this research is examined it becomes readily apparent that warning labels do not even qualify as a program of public health education, as their proponents have maintained. Whether or not they will provide additional knowledge to the few who are not aware of the risks of alcohol abuse tends to lose importance, since there is very little chance that the labels will change anyone's behavior—let alone that of alcohol abusers based upon information concerning the Health Belief Model.

For several decades, health educators have been developing and testing the "Health Belief Model" for designing public health education programs that are effective in preventing or reducing behavior that is harmful to individuals. One of the conclusions of this research, in the simplest terms, is that telling someone that a behavior is harmful is *not* sufficient to affect what that person does. It's a much more complex process. For example, 1) the individual must feel personally susceptible to the health problem, and 2) must feel that the problem can cause them serious harm. In other words, they must change their beliefs concerning the health problem. Conveying this is particularly difficult in dealing with young people, who have the feeling that they are immortal and negative things only happen to other people (McDonald, 1984). In addition, 3) the person must know what actions can be taken to avoid the harm, and the cost or benefits of these actions. If the costs outweigh the benefits, the action, is unlikely to be taken to avoid a health problem.

This model is illustrated in a recent report by Rees (1986) who found that although alcoholic individuals increased their knowledge and changed their beliefs as to the importance of staying in treatment, there was no difference between these alcoholics and the ones in the control group on the percent who chose to stay in treatement. In other words even though there was a change in beliefs there was no change in behavior.

When viewed in the context of the Health Belief Model, the proposed warning labels fail as public health education on several counts. They don't show how a person is personally susceptable to the harms mentioned. They do not outline positive alternative actions with benefits that outweigh the costs. What they do is simplistically list a set of harms that may or may not affect those who consume alcohol in some undescribed pattern over some unnamed time period. If the warning labels in this proposal are meant as public education, they are particularly crude attempts—and very likely to be disregarded based upon health belief model and the other educational techniques to be discussed.

FEAR AROUSAL—"SCARE TACTICS"—TECHNIQUES

The second point to consider is this. Research over the years has not found fear arousal techniques—"scare tactics"—to be a very effective educational tool in changing behavior, and in particular abusive health behavior. In some cases this technique has even been found to be counterproductive.

A fear message may cause individuals to feel overly threatened, and, as a result, to screen out the message—to be "turned off" by it. And if the message content conflicts with the individual's personal experience, it is likely that the source will lose its credibility (Treasury and HHS, 1980). As an example, telling teenagers that they should not have sex until they are married because they might get pregnant or catch a sexually transmitted disease has had little effect on teenage pregnancies or disease rates. Teenagers who have had sex a few times and have not become pregnant or diseased, or have not caused someone else to become so, do not believe the threatening message, or feel that it does not apply to them. Because they do not believe it, they continue to have sex, resulting in our country having one of the highest rates of teen age pregnancies in the industrialized world.

This principle was affirmed in a study by Hastings, Leathar and Scott (1988) reported in April of this year in the British Medical Journal. Based on an opinion survey of a cross section of Scotts concerning their attitudes and knowledge of AIDS and its transmission, they concluded that it is counterproductive to scare young people into avoiding IV drug use to prevent AIDS. They found that even though it was widely known that AIDS was transmitted by IV drug use, was a lethal disease and a high proportion of the population felt anxious about getting the condition,

people still continued to use IV drugs. They conclude their article by stating: "Reinforcing such anxiety by arousing fear is widely acknowledged in advertising to have little long-term effect, since it merely induces defensiveness and with it rejection of the personal relevance of the message."

The proposed alcohol warning labels would be an example of using the fear arousal technique to attempt to change behavior. To many people, these could be fear-inducing warnings that would case them to screen out not only the message content of the labels but also well-designed education programs concerning alcohol abuse. This committee should consider these possible harmful effects of these labels.

REACTANCE—"REBELLION"—THEORY

Researchers in psychology and sociology have also found that telling somebody not to do something often produces the opposite reaction. Sometimes even threatening the freedom to enage in a behavior has this affect. These warning labels threaten people with all sorts of harms from drinking, which could case them to rebel by drinking merely to demonstrate their autonomy.

People value their sense of freedom and autonomy and like to project an image of self control (Baer, et al, 1980). Reactance theory suggests that whenever people believe their freedom has, or will be, abridged or threatened, they enter into a reactance motivational state and act to regain control (Brehm, 1966). Forcing something on someone can lead to opposition, and arousing reactance reduces compliance (Brehm and Brehm, 1981). Thus, if people perceive warning labels on alcohol as threatening their control and freedom, they're likely to do just what they're warned about.

Evidence that people act so as to promote their sense of control comes from experimental studies showing that attempts to restrict autonomy are often counter-productive (Brehm and Brehm, 1981). For example, one study found that censoring or limiting the availability of pornography appears to heighten its appeal. In this study, Worchel et al. (Worchel, Arnold and Baker, 1975) found that censoring a message caused a potential audience to develop a greater desire to hear the communication. Another study found that advisories warning that a TV program, about to be aired, contained sex or violence were found to increase the number of persons watching the shows (Herman and Leyens, 1977).

Reactance has additionally been studied in such settings as consumer behavior (Clee and Wicklund, 1980) and social rebellion (Gamson, Fireman and Rytina, 1982). A study by Mazis as mentioned in Brehm and Brehn (1981) indicated that warning Florida housewives that they should not use phosephate containing detergents actually increased the desire to use the product.

The method employed by these labels may also be characterized as the abstinence or "don't do it" approach to health education, used for many years in health education in many areas including sexuality, alcohol and other drugs, and traffic safety—i.e., "don't use drugs," "don't have sex unless you're married," "don't go over the speed limit," etc. It has only been shown to have little or no effectiveness on behavior change (Botvin, 1984; Kirby, Alter, Scales, 1979).

Current research in reactance motivation and abstinence in regards to the consumption of alcohol has just been completed. As researchers in the area of alcohol use among university students, my colleague David Hanson and I have recently found reactance theory to be supported in a survey of over 3,000 students from 56 colleges and universities around the country this past academic year. Despite the prohibition against drinking by students younger than 21, a higher percent of underage students drank compared to those of legal age and a higher percent were heavy drinkers and exhibited several other alcohol abuse problems compared to students of legal age (see figure 1). Due to the fact that drinking has been associated with college life, prohibiting drinking among these underage students may have been seen as a restriction of freedom and autonomy, thereby leading to more drinking and abuse compared to the legal drinkers. Also directly relevant may be the fact that most states require warning signs in liquor stores and taverns that it is illegal for minors to purchase alcohol (Engs and Hanson, 1988a; Engs and Hanson, 1988b).

A recent study by Fischoff as mentioned in the Washington Post (1988) concerning decisionmaking with adolescent boys found that they were turned off by abstinence bases drug education programs. He emplies that the reason most warning messages do not work is that individuals perceive them as an attempt to manipulate rather than giving information.

According to Brehm and Brehm (1981), in order to solve society's problems, government agencies and various special interest groups often find themselves attempting to elicit certain behaviors in order to obtain what they see as the solution. These

attempts to elicit or change behavior (obey the 55 mph speed limit or stop smoking) sometimes involve persuasion and sometimes involve more or less coercive tactics. These tactics are likely to result in noncompliance or overt opposition.

Warning labels on alcohol beverages, which imply that a person should not drink as the alcohol could cause them harm, could be interpreted by some as threatening to their autonomy, and freedom to drink, and could be counterproductive—among young people and adults as well.

SUMMARY

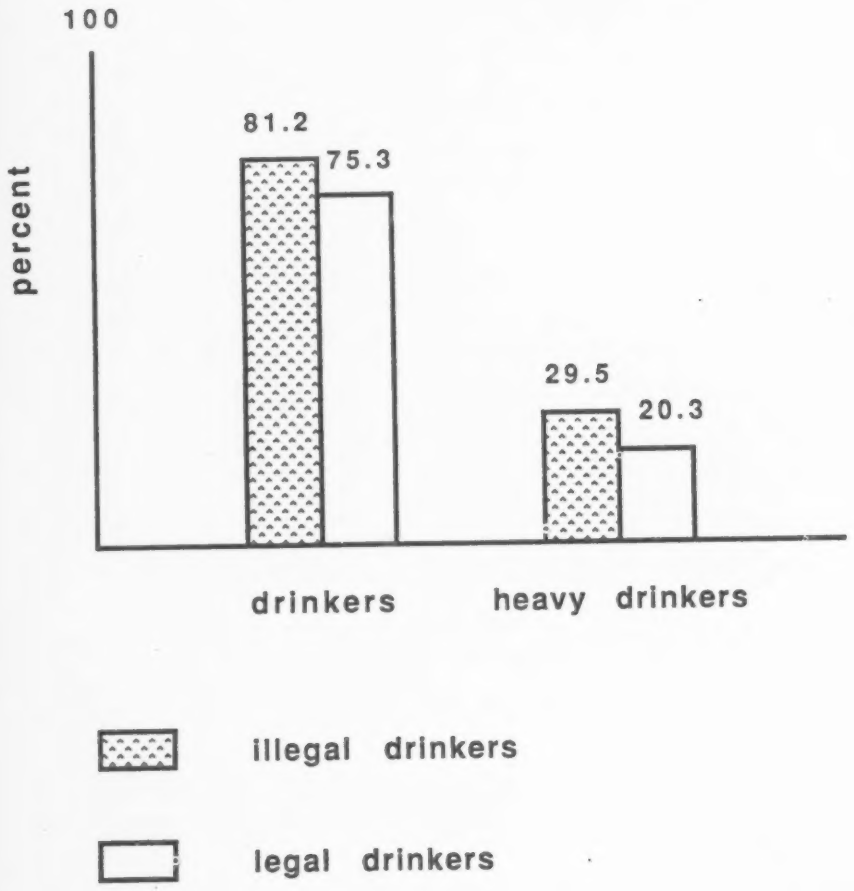
As a health educator, an overall concern is that warning labels may cause people to ignore comprehensive educational programs that are more likely to be effective. Saturating people with negative messages about alcohol, without providing positive alternatives, ignores the theory of the Health Belief Model and may bring counterproductive fear and reactance arousal into play.

It may also cause some people to feel that the alcohol abuse prevention problems have been addressed so that we can now go on to other social problems. Instead of warning labels, we need to develop well-designed programs that are aimed at preventing alcohol abuse, particularly among people who have a high risk of alcohol abuse, including: adults and youth who are co-dependent (who have parents or grandparents who sometimes or often drink too much); adults who were raised in dysfunctional home environments; and youths who are living in homes fraught with tension, conflict and abuse. Once identified—and identification is a significant task in itself—these individuals should be referred to special educational and/or treatment programs.

For those who do choose to drink, we need to offer methods for safe alcohol consumption. These could include safe and sensible hosting, home bartender training that emphasizes moderation and personal self responsibility concerning drinking. Teaching wine appreciation is another means of emphasizing the values of moderation and restraint. We need to recognize that the majority of Americans do drink, and warning labels on beverages are not likely to be effective in reducing alcohol abuse or even consumption. Keeping fear and reactance arousal in mind, warning labels could even increase abusive alcohol use, particularly among youth.

FIGURE 1

Percent of Legal (21+) and Illegal Drinkers (<21) During 1987-88 Time Period



STATEMENT OF RONALD R. RUMBAUGH, PRESIDENT OF THE NATIONAL BEER WHOLESALERS' ASSOCIATION

Mr. Chairman and members of the Committee, I appreciate having the opportunity to testify on S. 2047, a bill to require a health warning on the labels of all alcoholic beverages.

NBWA is composed of 1,800 small businesses in all 50 states and the District of Columbia. Our members account for some 90 percent of the malt beverages sold in the United States.

We oppose enactment of S. 2047. We believe the health warnings called for in the bill are a simplistic and misleading political solution to a complex social problem. That social problem can only be dealt with through continued efforts at meaningful public education and awareness.

There is no denying the fact that alcohol abuse is a problem in our society today, but we do not believe health warnings are an effective way to deal with it. Those people who most need to be warned about the possible dangers of excessive alcohol consumption are the people most likely to ignore warnings labels. By contrast, light and moderate drinkers—the vast majority of those who consume alcoholic beverages—could be misled by warnings. There is growing body of medical opinion that moderate use of alcoholic beverages can have beneficial health effects, especially in reducing incidence of heart disease and health effects, especially in reducing warning labels ignore these facts and promote a one-sided and essentially misleading case to the public.

Perhaps the worst thing about this warning label legislation is that many people will be lead to believe we have actually done something about alcohol abuse, when the truth is, this bill doesn't even scratch the surface of the kind of educational effort that will work.

I want the Committee to understand that beer wholesalers do not oppose every piece of legislation that affects our products. For example, we testified in favor of the Drunk Driving Prevention Act before this Committee on August 2. But we do oppose legislation that is misleading at best and, at worst, is going to deflect resources away from the substantive education and treatment programs which are needed.

Beer wholesalers are leaders in their communities in providing public education and information on the safe use of alcoholic beverages. A recent survey of our affiliated state associations demonstrates that most beer wholesalers participate in at least one public awareness program, and many are involved in several initiatives. We are quite proud of that fact.

There is no simple solution to the problem. The answer will not be found in the small print on a label. Instead, we need concerted action by organizations, businesses and government to educate people on the risks of alcohol abuse.

STATEMENT OF LARRY BRAIDFOOT, GENERAL COUNSEL, CHRISTIAN LIFE COMMISSION, SOUTHERN BAPTIST CONVENTION

Mr. Chairman, I am pleased to offer testimony in support of S. 2047, a bill to require warning labels on beverage alcohol containers.

I am general counsel for the Christian Life Commission of the Southern Baptist Convention. The Commission for which I work serves the Southern Baptist Convention as an ethics education and action agency. We have responsibilities for a wide variety of issues affected by public policy, including family life and drug abuse. Alcohol abuse is a part of the larger problem of drug abuse. The Southern Baptist Convention includes approximately 37,000 churches and 15 million members.

My first concern is to share with you the kinds of concerns found among Southern Baptists and to represent these concerns to you as best I can. Southern Baptists are a diverse people and there are many issues on which we have our differences.

But I want to say to you that alcohol abuse is among the things upon which we have a high degree of unanimity. Various dimensions of the alcohol abuse problem are alcoholism, drunk driving, fetal alcohol syndrome, domestic violence, and lost economic productivity. Many of these problems are such as to be addressed primarily through efforts at education. We regard a valid approach to these educational efforts as the usage of warning labels on beverage alcohol containers.

One way we express ourselves on issues is through resolutions adopted at our annual meetings. Four times in the past eight years our annual meeting has adopted resolutions which have expressed support specifically for legislation which would require warning labels on beverage alcohol containers. I have attached the resolu-

tion adopted in 1987 as an illustration of our legislative concerns, including the need for legislation regarding warning labels on beverage alcohol containers.

Southern Baptists are not a special-interest group for whom lobbying is a routine matter. We have not been positioned and oriented to making our views as well known as many other groups. But the problems related to alcohol abuse are problems about which we care very deeply. We are delighted at any indication that these problems are being taken with new seriousness.

We would have welcomed voluntary steps by the beverage alcohol industry to take seriously the consequences of its activity by initiating a system of warning labels. In the absence of this degree of industrial responsibility, we welcome the further exploration of legislation to accomplish this needed educational emphasis.

American legal history indicates that the sale of beverage alcohol is not a right. It can be prohibited legally if the citizens of the nation or of a state so choose. As a corollary, society can restrict the industry's access to advertising and regulate the manner in which it conducts its business.

Conferral of a legal right to sell beverage alcohol is certainly not absolute in scope. The degree of regulation which our government feels necessary is, in some measure, a result of the degree of responsibility exercised by the industry in question.

One reason we feel so strongly about the need for warning labels is our perception that the beverage alcohol industry is not accepting responsibility for the consequences of its products. The National Institute on Alcohol Abuse and Alcoholism estimated the social costs of alcohol abuse at about $120 million. The industry spends about $2 billion annually on advertising to create and reinforce consumption of its product. Yet the industry has refused to voluntarily employ a system of warning labels. The magnitude of the problem of alcohol abuse is so enormous that it stretches the credibility of the imagination to say that the beverage alcohol industry has accepted any significant level of responsibility for the consequences of its business.

The failure of the industry to participate voluntarily in devising a system of warnings and its nonparticipation in these hearings is indicative of its avoidance of responsibility.

It is clear that the beverage alcohol industry is one of the leading special interest groups influencing legislation in Washington. According to Common Cause, federal campaign contributions by 20 alcohol-related political action committees exceeded $1.2 million in 1985–86. The impression seems clear that this special-interest lobby has succeeded not only in keeping taxes on its products very low but also in stalling warning label legislation that would require a minimum level of education for the consumers of its goods.

A special concern is the interstate dimension to the problem. Truly beverage alcohol is a product which is distributed interstate. Products from breweries and wineries in a handful of states are shipped throughout the nation. Efforts to deal with the issue of warning labels at the state level would be fraught with difficulty. Issues related to consumption and, to an extent, advertising can be decided at the state level. As with many other goods, production and distribution are matters which cannot easily be dealt with at the state level. The problems are, in every sense of the word, interstate in nature. The federal government is the appropriate level at which to deal with the problem.

Mr. Chairman, expert witnesses will share information about the fact that beverage alcohol is addictive in nature. I would underscore this concern and emphasize that warning labels which inform consumers of the addictive nature of this product are vitally important. A developing body of research is now demonstrating that a significant number of Americans suffer from multiple additions. A pitfall in the recovery for many of these addicts is the unanticipated "shift" from one addictive behavior to another. having attained a measure of control over the primary addition, they unknowingly rechannel their addictive behavior to another product.

In concluding, I would call attention to the fact that this issue has been presented to Congress in legislative proposals in each of the last three decades. The harm that has resulted from delay is incalculable. Had this legislation been enacted in the 1960's, not all of the harms related to alcohol abuse would have mitigated, but some of it surely would have. The body of testimony of expert witnesses supporting the need for the legislation is impressive and overwhelming.

As a representative of America's second largest religious group, I would urge your action to pass this legislation.

Statement of the Church of Jesus Christ of Latter-Day Saints

MORMON CHURCH SUPPORTS ALCOHOL WARNING LABELS

Recognizing that one of the important services a government can render to its citizens is accurate information on which to make their consumer decisions, leaders of The Church of Jesus Christ of Latter-day Saints have expressed their support by the following editorial which appeared in the *Deseret News,* August 1, 1988.

PUT WARNING LABELS ON ALCOHOL

"Unlike cigarettes, alcoholic drinks do not carry warning labels. But there is a growing feeling among health officials, and an awareness in Congress, that such labels are needed. It's about time.

"One of the major reasons for requiring the labels would be to help protect pregnant women. Every year, some 15,000 babies are born with serious birth defects, including mental retardation, because their mothers drank excessively during pregnancy.

"Another target of labels would be teenagers. An estimated 30 percent of all adolescents experience negative consequences from alcohol use, including poor school performance, trouble with parents, and trouble with the law. Alcohol-related traffic deaths are the number one killer of those between the ages of 16 and 24.

"Bills introduced in Congress would require various labels to be rotated on alcoholic beverage containers. hearings are scheduled in the Senate Aug. 10 on the issue. Two of the suggested labels are:

" 'WARNING: The Surgeon General has determined that the consumption of this product, which contains alcohol, during pregnancy can cause mental retardation and other birth defects.'

" 'WARNING: Drinking this product, which contains alcohol, impairs your ability to drive a car or operate machinery.'

"Such warnings apparently would not be mandated for television ads, but they ought to be. It has been reported that children see more than 100,000 beer commercials on TV before they are legally old enough to drink and drive.

"Just as health warning labels on tobacco products and advertising have helped curb smoking, they also could help curb the health problems associated with liquor. A recently-completed Public Health Service study concluded that labels can be effective in increasing consumer knowledge, and can have an impact on consumer behavior.

"There are many reasons to try warning labels and no good arguments against them. Congress should pass such a law."

Individual citizens are encouraged to work with their congressional delegations to raise their level of awareness to the importance of this issue.

Statement of the Council on Alcohol Policy of the National Association for Public Health Policy

The Council on Alcohol Policy and the National Association for Public Health Policy strongly urge this Committee to endorse Senate Bill 2047, mandating health and safety warning labels on alcoholic beverage containers. We have noted with disappointment the nearly continuous efforts over the last decade to improve public understanding of alcohol problems, and the continued undermining and resistance of these efforts by the alcoholic beverage industry. In light of this history we must conclude that only action by the Congress will result in the necessary and simple step of assuring that alcohol, like many less harmful substances, is properly labeled for the health and safety of the public.

For more than ten years there has been delay in proposed federal actions to improve labeling on alcoholic beverages (1). Since 1979 various legislative proposals have been made in the Congress calling for some form of warning label on alcoholic beverage containers. All of these efforts have been successfully resisted by the industry.

In November of 1980 the U.S. Departments of Treasury and Health and Human Services released a joint report which noted public ignorance of the relationship between alcohol consumption and birth defects, cancer, and hazards associated with mixing alcohol with other drugs (2). A 1986 national survey of 4-6 graders found less than 50% considered beer, wine and liquor a drug, and only 21% thought wine coolers properly considered a drug (3). A 1987 survey of adults in New York State found more than a quarter unable to specify any risk group for alcohol problems,

and more than 10% unable to specify any situations in which alcohol use was a special risk (4). Similar findings were made in a 1988 repetition of this study.

In August of 1987 the U.S. DHHS released a report on the effects of health warning labels concluding that warning labels can be effective as part of a broad public education effort (5). The 1987 New York survey found women in New York City, which has an alcohol-birth defects warning poster law, significantly more likely than women elsewhere in the state to recognize pregnancy as a time of risk for alcohol use. Despite these findings, it continues to be argued that warning labels on alcohol will not be effective. We call upon the Committee to reject this reasoning based on factual evidence to the contrary.

A December 1986 Gallup Poll found that 79% of Americans support federally-mandated health and safety warning labels on alcoholic beverages (6). An ever-growing list of organizations and public health advocates endorses this legislation. We urge you to recognize the timeliness and the appropriateness of this legislation, and to lend your support to the passage of a bill this year.

REFERENCES

1. Bureau of Alcohol, Tobacco, and Firearms: Proposed Rulemaking: Federal Register, January 16, 1978.

2. U.S. Department of Health and Human Services: Report to the President and the Congress on Health Hazards Associated with Alcohol and Methods to Inform the General Public of These Hazards: U.S. Government Printing Office, 1980.

3. Borton T, Johnson L, Eds. The Weekly Reader National Survey on Drugs & Drinking: Field Publications, 1987.

4. Special Policy Analysis Project: Perception of Risk From Alcohol Use During Pregnancy, other unpublished survey results: New York State Division of Alcoholism and Alcohol Abuse: Albany, NY, 1987.

5. Department of Health and Human Services: Review of the Research Literature on the Effects of Health Warning Labels: Washington, DC, 1987.

6. Gallup, G Jr.: Public backs strong measures to fight alcohol, drug abuse: The Gallup Poll, December 18, 1986.

STATEMENT OF DAVID J. PITTMAN, PH.D, PROFESSOR OF SOCIOLOGY, WASHINGTON UNIVERSITY, ST. LOUIS, MO

I am David Pittman, Professor of Sociology at Washington University in St. Louis, where I have been a member of the faculty since 1958. I am pleased to present my views on consumer health warnings for alcoholic beverages, especially health warning labels on containers of alcoholic beverages.

I have been active at the local, state, national, and international levels of alcoholism prevention, education treatment and rehabilitation for the last 35 years beginning with my doctoral dissertation research on the chronic drunkenness offender, which was published in an expanded book form (Pittman & Gordon, "Revolving Door," New Haven: Yale Center of Alcohol Studies 1958) with the aid of a collaborator (C. Wayne Gordon, Ph.D.), which made the bold recommendation (at that time, 1958) of decriminalizing public drunkenness and creating detoxification centers and rehabilitation centers for these individuals at the local and state level. I am extremely proud that the first community in the United States to decriminalize public drunkenness and establish a detoxification center with rehabilitation services was in St. Louis, Missouri, in 1966. My colleagues in the St. Louis and Missouri governments as well as those from Washington University, including myself, wre instrumental in designing this facility and engendering support and funding for this endeavor.

Currently my interests are mainly in the areas of the prevention of alcoholism and alcohol-related problems. I should indicate, however, that my comments concerning health warning labels are my personal beliefs and do not necessarily represent the position of my university, any organizations of which I am a member or an officer, or any public or private agency from which I receive funding for research or educational activities.

The conclusion I have reached from reviewing various documents and reports to the U.S. Congress on health warning labels for containers or alcoholic beverage is that warning labels are simplistic and cosmetic, though probably well-intentioned, devices to ameliorate the alcoholism problems in the United States.

First there is not a single scientific study which would indicate that health warning labels on containers of alcoholic beverages would either raise the public's awareness of alcoholism and alcohol problems as significant public health problems or,

above all, that they would be effective in altering drinking patterns of the already alcohol-addicted group of drinkers and those in high risk groups for developing alcoholism and alcohol problems. This point was made in the BATF publication, "The Fetal Alcohol Syndrome: Public Awareness Campaign," February 1979, which states, "The effectiveness of labeling of alcoholic beverages is not certain." (p. 27) This assertion is still valid in 1988.

Second, health warning labels on containers on alcoholic beverages would be misleading and reinforce prevailing sentiments that the real cause of alcoholism and alcohol-related problems is to be found in the agent, ethyl alcohol, and not in the more relevant individual and socio-cultural variables. More explicitly, the warning labels will be ineffective for those minority and stigmatized groups whose alcohol problems are intimately related to their position in American society; e.g., American Indians, Eskimos, Aleuts, low-income Blacks and Chicanos. The solution to their high rates of alcohol pathology will be alleviated only by an improvement in their socioeconomic position in America. Furthermore we already know that alcoholics do not respond to lectures, exhortations, warning labels or moralizing of any type. If lectures or exhortations were going to solve the alcoholism problem, it would have disappeared during the previous generations, marked by Prohibition, Carrie Nation types, and pledges to remain sober.

Third, the overwhelming majority of Americans who do drink do not have problems with alcohol. Health warning labels are not needed for this group of people who drink in non-injurious ways to their health. We should remember that drinking patterns are learned in the individual's family unity and a strong positive family environment is one of the best protections against a child's later becoming an alcohol abuser. Furthermore, drinking patterns are modified by the individual's peer group and friends. By the time the individual is legally of age to purchase and consume alcoholic beverages he or she already has a set of attitudes and beliefs about alcoholic beverages.

Fourth, a warning label that excessive consumption of alcoholic beverages may damage one's health comes at the end point of personal drinking decision making—namely after the purchase of the alcoholic beverage. Do we scientifically know whether or not a label will be read by the purchaser? Also, how does a warning label affect the consumption of alcoholic beverages ordered in restaurants, taverns and cocktail lounges where a proposed label would not be in view? It should be pointed out that approximately 20 percent of the beverage alcohol is consumed in cocktail lounges, taverns, etc. How would warning labels apply to these situations?

Fifth, I shudder to think of the vast bureaucratic empire that will be created in the Federal Food and Drug Administration or the Federal Trade Commission to enforce this new regulation to protect ourselves against ourselves. To be enforced equitably, does the administration agency propose—since alcohol beverages are sold as mixed drinks as well as purchased in containers—to require that all cocktail glasses be engraved with the warning, "Caution: Consumption of alcoholic beverages may be hazardous to your health"? These are practical details but we are all too aware of the rule-making capacity of such bureaucratic agencies of OSHA, EPA, the Department of Energy, etc. Health warning labels on alcoholic beverages is just another aspect of this governmental over-regulation and will be cost-ineffective in reducing alcoholism. Furthermore, what will be the cost of implementing these health warning labels?

From the American experience with federal government regulations over the last decade we must be cognizant of the fact that the placing of regulatory power, such as health warning labels in the hands of the Department of Health and Human Services means that a vast bureaucratic army of new public employees must be maintained to exercise surveillance over the makers of the product. We must keep in mind the cogent comment of the sociologist, Nathan Glazer, who stated:

"Place someone in the position of a regulator and he is likely to see his task as more important, his role as less intrusive, and the extension of his role as more justified, than do the people he regulates." ("The Public Interest," No. 56, Summer 1979, p. 62)

Finally, I believe that the final danger in mandating health warning labels on containers of alcoholic beverage is that the United States Congress will give the population the impression that they have taken effective action against the problem of alcoholism and alcohol abuse, at a low cost to the federal treasury, since the cost of governmental regulation is always passed on to the consumer with higher prices for the product or in higher taxes. But, again, there is no evidence that at this time warning labels will have any significant impact on ameliorating America's alcoholism problem among high risk groups for developing alcohol problems (Eskimos, American Indians, male homosexuals, children of alcoholics).

A MORE REALISTIC APPROACH TO INCREASE PUBLIC AWARENESS OF THE POTENTIAL HEALTH HAZARDS OF BEVERAGE ALCOHOL USAGE

We should be aware of the fact that humans have been producing and consuming alcoholic beverages for over 20,000 years and that its use in some societies and groups have been integrated into religious, ceremonial and celebratory activities, and furthermore used for medicinal purposes. Particularly relevant is the fact that in Western societies, alcohol beverages have played an important role in these cultures and became an integral part in the dietary habits of Western societies in Europe before the United States was discovered and settled.

A cursory examination of ancient, medieval and contemporary history reveals that the civilizations of Ancient Greece and Rome were aware of the negative consequences of excessive drinking without warnings about "drinking too much wine was evil," that "moderate drinking should be the standard," and even at one point in Roman history women were forbidden to drink.

These historical observations are not intended to trace the history and use of alcohol. Instead these brief observations show how attitudes towards alcohol have been confused and ambivalent. The Greeks both praised and condemned alcohol. Also, a society can change its attitude towards alcohol. Early Rome was moderate in its drinking patterns, but later characterized by its excessive use of alcohol. Individuals have used and misused alcohol since the beginning of history and, most likely, will continue to use and misuse it until the end of history. In other words, there is nothing new about alcohol problems or the attempts to deal with them. It is unlikely that we will ever be able to do away with all the problems associated with alcohol. We must accept its disadvantages along with its benefits. However, we can now alleviate many of the problems associated with alcohol. And, our ability to cope with these problems will increase as our knowledge of alcohol and its uses increases.

Our attempts to cope with problems of alcohol misuse are not a recent occurrence for previous generations have been aware of this problem and have adopted various measures to deal with it ranging form complete Prohibition in the United States, except beverage alcohol for medicinal and religious purposes from 1920–1933, to various age restrictions on the purchase and consumption of alcoholic beverage, restrictions on the hours, days, and places of sale for alcoholic beverages, etc.

But any program to sensitize the American population to the health hazards of excessive and inappropriate use of alcoholic beverage must be based on the foundation that the majority of adult Americans consume alcoholic beverages and that any program that does not meet the reality test of the experience of the American consumer is fraught with failure.

Specifically, the best device for alleviating America's alcohol problem is one that is based on a sound scientific foundation with strong educational programs that continue over a period of decades. The current problems with alcohol misuse did not develop overnight and are not going to be eradicated by simplistic and cosmetic devices such as printed warning labels on containers of alcoholic beverages. Concretely the following programs need either to be implemented or strengthened:

(1) The disease of alcoholism which afflicts millions of American still too frequently has a stigma attached to it. Public attitudes toward the alcoholic while more understanding than two decades ago still too frequently cast the alcoholic as one who caused his or her own disease. Private and public agencies need through concrete action to implement the orientation that alcoholism is a treatable disease and individuals can and do recover from alcoholism. Specifically decriminalization of the public drunkenness offense with concomitant funding for treatment programs continues to lag in this country in the later 1980's. Our largest state, California, still has not decriminalized public drunkenness, and individuals are still being arrested and jailed for having a disease which is treatable. Many states still do not mandate that group health insurance policies must include coverage for alcoholism as a primary diagnosis. Many private and public sector businesses and agencies do not have employee assistance programs for problem drinkers as part of their ongoing services although the cost-feasibility of such programs was shown as early as 1943 by the DuPont Corporation. Treatment services for high risk groups for alcoholism are still woefully inadequate for such populations as minority groups, many lower-income individuals, etc. In short, the priority attached to providing services for the alcoholic individual is generally low at all levels of governmental and private organizational structure.

(2) Research funding by both the private and public sector for studies geared to the prevention of alcohol abuse as well as to the causes of alcohol abuse and alcoholism are negligible compared to funds invested in such areas as cancer, heart disease, diabetics, etc. Although it is generally assumed that alcohol abuse and alcoholism

are related to the complex interaction of biological, sociocultural and psychological factors in the environment, our body of scientific knowledge in these areas is fragmentary and inconclusive. This is true regardless of the area under consideration whether it be the effect of alcohol advertising on drinking behavior and norms or the fetal alcohol syndrome (FAS).

A stronger commitment to research, both basic and applied, is needed in this field not only the public sector but also the private sector, including the alcohol beverage industry.

(3) A sustained education and information campaign, both to the general population and specific target groups, is needed over a period of years to sensitize the public and professional groups to the hazards of inappropriate drinking behaviors.

Concretely, alcohol-specific education needs to be included in the elementary and high school curriculum so individuals can make informed decisions about their own personal drinking patterns. Alcohol-specific education needs to be included and strengthened in the college and professional school curricula—especially many professional schools (such as medicine, social work, nursing, health education, psychology, sociology, pharmacology, etc.) still do not provide adequate training to the personnel to diagnose and treat individuals with alcohol abuse problems.

Mass media campaigns on the appropriate use of alcoholic beverages should be encouraged as well as those which assign positive attributes to those who choose to abstain from drinking. Too frequently in the past abstainers have been negatively characterized in both printed and visual media as a reaction to the Prohibition Era (1920–1933) of suppression of alcoholic beverages.

Educational or public awareness campaigns are not the sole responsibility of the federal government; in fact private organizations such as the American Medical Society, the American Nursing Association, labor unions, private industry and the alcohol beverage industry all should be intimately involved in informing the public of the potential health hazards of inappropriate use of alcoholic beverages for women in child-bearing ages, for high risk groups for developing alcoholism, for operators of motor vehicles (that alcohol use and driving do not mix), etc.

Such educational and public awareness campaigns should not be limited to specific time periods but should be constant ongoing activities. However, such campaigns should not only be directed to women in child bearing ages but also to other areas where there are problems, such as driving and drinking, drinking by under-age individuals, and groups which have a high incidence of alcohol problems. Such programs have the advantage of being potentially more effective in reaching individuals than a simplistic solution such as a printed warning label on a container of beverage alcohol that "consumption of alcoholic beverages may be hazardous to your health," which reaches the consumer after the decision to purchase alcohol has been made.

STATEMENT OF ANHEUSER-BUSCH, INC.

Anheuser-Busch greatly appreciates this opportunity to make its position known on the important issue of warning labels on alcoholic beverages.

While some members of the subcommittee expressed concern that the alcoholic beverage industry was "ducking" an important issue, in fact pending litigation involving some of the issues discussed at the hearing dampened our willingness to testify. Therefore, this opportunity to address the issue in writing before the Subcommittee is all the more welcome.

Container labels proposed in S. 2047 on alcoholic beverages are not an appropriate means to address the very real problems of alcohol abuse and alcoholism. This testimony will address two key assertions made by those who favor this proposal:

Assertion 1. The public is uninformed regarding the problems associated with alcohol use and misuse, and would benefit from additional knowledge imparted through the proposed labels.

Anheuser-Busch Response. The public is exceptionally well informed about many of the negative repercussions of alcohol abuse and alcoholism, with universal recognition that irresponsible drinking carries significant risk. The labels set out in S. 2047 will not enable consumers to drink more knowledgably or responsibly—and in some cases could have precisely the opposite effect.

Assertion 2. Warning labels on alcoholic beverages are an effective means of educating the public.

Anheuser-Busch Response. Proponents of S. 2047 have ignored key findings that question the efficacy of the proposed warnings, and have overstated the strength of

evidence that support their position. There is no reason to anticipate that enactment of S. 2047 will reduce alcoholism or alcohol abuse.

Anheuser-Busch supports realistic public policies and voluntary efforts by the private sector to combat alcoholism and alcohol abuse. The final segment of these comments will present a description of the wide variety of programs our company has unilaterally undertaken to aid in the battle against the inappropriate use and abuse of our malt beverage products.

At the August 10 hearing, detailed descriptions of the problems associated with the misuse of alcoholic beverages were heard. We disagree with some of the specifics offered to the Subcommittee at that time. However, for purposes of this submission, we set aside those disagreements to focus on a more basic concern.

The question before the Subcommittee is not whether alcoholism and alcohol abuse are problems. Rather, Congress is being asked to determine whether a specific course of action is warranted in solving those problems. Therefore, it is appropriate to turn to an evaluation of why the proposed container labels are not a solution to alcoholism or alcohol abuse.

THE NEED TO KNOW

The principal rationale offered by S. 2047 proponents is that the public does not know of the dangers of alcoholism and alcohol abuse and that—if they knew of those dangers—they would not use alcohol irresponsibly.

The argument that Americans are unaware of the problems associated with alcohol abuse and alcoholism ignores the facts. The Gallup report No. 242 of November, 1985 titled "Alcohol Use and Abuse in America,[1] reports 81% of respondents viewed alcohol abuse as a major national problem. Only 2% viewed it as not a problem.

If anything, public awareness of alcohol related problems has grown over the past three years as a result of aggressive information campaigns undertaken by federal, state and local government authorities; by public service announcements through the mass media; by ongoing news coverage, and by voluntary action undertaken by the alcoholic beverage industry and other private sector groups.

On the question of whether the public knows that alcohol may be addictive, as early as 1982, 70% of respondents agreed that no one who drinks is immune from alcoholism,[2] according to the Gallup report. Similarly, 67% of those interviewed agreed withdrawal from alcohol can be just as serious or life threatening for the alcoholic as withdrawal from heroin is for the heroin addict.[3]

As early as January 1982, in a survey conducted in Washington, D.C., more than 87% of respondents agree the use of alcohol by pregnant women can cause birth defects.[4] In April 1987 a nationwide survey conducted by the Gallup organization found that 90% of all respondents (male and female) agreed that "the use of alcohol by pregnant women can cause birth defects.[5] This is a far better test of the public's awareness of this issue than surveys which test public awareness of the technical medical term "FAS". We believe it is clear that the vast majority of women of childbearing age do know that it is the consensus of medical science that the consumption of alcohol during pregnancy can cause birth defects.

Similarly, it is not credible to assert the public is uninformed about the danger of drinking and driving. Government's strongest warning signal, the proscription of criminal law, has communicated to all our citizenry the fact that drinking and driving carry great personal and societal risk. Our strongest legal injunction against antisocial behavior to minimize societal risk has already been imposed. If fines and imprisonment fail to persuade people to not drink and drive, it should be clear to all even-minded observers that the proposed messages will have no additional effect.

It is equally untenable to cite statistics finding that one-half of all jail inmates were under the influence of alcohol when their crime was committed.[6] Are we to believe that murders, thieves and rapists would be disinclined to commit their heinous act if they were first warned that their judgment could be impaired by drinking alcohol?

In fact, each of us learns the dangers of abusive consumption in much the same way we learn that overeating will cause one to become overweight—by parental in-

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[1] Gallup Report No. 242 at page 24.
[2] Gallup Report No. 242 at page 36.
[3] Gallup Report No. 242 at page 36.
[4] Gallup Report No. 242 at page 37.
[5] Gallup Question ID No. USGA LLUP. 224—2.R17.
[6] Senator Thurmond noted that one-half of all jail inmates were under the influence of alcohol when their crime was committed. (Thurmond, page 13, line 22.)

struction and other social learning. The members of our society know and learn at an early age that abusive consumption of beer and other alcoholic beverages is intoxicating; interferes with judgment; impairs the ability to drive a car or operate machinery, and may cause serious health problems. Moreover, it is common knowledge that abusive drinking may lead to conditions commonly called alcoholism, and that there are substantial dangers involved in maintaining a state of alcoholism including a number of chronic diseases.

Something very unusual is happening in the debate raised by this legislation. Proponents do not want to believe members of society intentionally incur various risks associated with the abouse of alcohol. Rather, they contend that people consume alcohol in excessive quantities because they are ignorant of those overall effects. This proposition isn't consistent with any of our individual experiences or the experience of society as a whole.

The claim that Society does not know does not wash.

WARNING LABEL EFFECTIVENESS

On the issue of warning label effectiveness, proponents of the legislation take one of two tacks: either they argue that warning labels simply work [7] or they point to the 1987 study by the Department of Human Services concluding that "health warning labels do have the potential to affect consumer behavior, particularly in combination with other educational efforts".[8]

The truth is the latter study does not address the specific application of the general principal that warning labels can be effective to the specifics of the alcohol issue. When pressed on the effectiveness issue during questioning, Dr. Gordis again referenced the 1987 study and under questioning directed the committee to consider the views of the person who was involved in the study who was giving his testimony at the hearing.[9]

Dr. W. Kipp Viscusi was the only person to address the hearing who had participated in the preparation of the 1987 report on warnings prepared by the Macro Systems for the National Institute on Alcoholism and Alcohol Abuse. As an expert in warning effectiveness and warning communication theory, Dr. Viscusi was of the opinion that:

". . . based on my review of S. 2047, I urge that it not be adopted. . . . As a society we should reserve the use of warnings for situations in which there is a significant risk whose existence or extent is *not known* which merits well defined individual *precautionary action* and which we can convey *accurately* and effectively using an on-product label. The alcoholic beverage situation simply does not fall in that class." [10] (Emphasis added.)

WHY NOT?

When pressed on the issue of effectiveness, witnesses at the hearing largely fall back on a "why not" analysis.

"When you talk about health education, it is not one against the other. Labels at best, will help and at worst, they can't hurt . . .

Senator DANFORTH. So you would say labeling whether or not it is effective?

Mr. MCCORD. Absolutely, whether it is effective or not, it does not have to be proved in the demonstration." [11]

What do the proposed messages say to chronic abusers or alcoholics? It doesn't give them new information. They already know their behavior is causing many problems. It doesn't help them set their lives in order. We may not know what causes alcoholism, but we do know it is not ignorance.

The real message these labels send to alcoholics is one of moral weakness, guilt and blame. They tell chronic abusers that their inability to control the way they drink is a reprehensible failing. We don't think increasing guilt will help alcoholics and chronic abusers to seek the treatment they need.

That will affect our entire society. Chronic abusers and persons suffering from alcoholism account for an inordinate portion of the cost associated with the misuse of alcoholic beverages. Whether it be through traffic accidents, higher insurance rates, lost productivity or incidents of spouse abuse, we all suffer when chronic abuse or alcoholism goes untreated.

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[7] Gore, page 3, line 3. Conyers, page 7, line 22.
[8] Thurmond, page 15 at lines 3 thru 5.
[9] Gordis at page 73, lines 6 thru page 74, line 11.
[10] K.W. Viscusi, page 133 at lines 8 thru 21.
[11] Hearing transcript, page 66, line 17 thru page 67, line 2.

Consider what these warning labels will actually communicate to underage persons who are looking for a way to establish their independence from adult authority, or to demonstrate their maturity. The proposed warning labels will tell such a person "this beverage is so powerful you probably can't handle it."

In doing so, warning labels will play directly to the emotions that prompt underage persons to illegally use and often abuse alcohol. The effect will be precisely opposite the one intended. In other words, it will function as a taunting dare . . . asking the question: "Do you have the *'right stuff'* to drink this?"

Which is more likely? Will warning labels convince young people to put off drinking until they reach the legal age of purchase . . . or will they make alcoholic beverages an even more alluring means of establishing independence from adult authority than they are now?

There is no reason to think these proposed labels will help those who drink to do so in a moderate and sensible way.

In Italy and other Mediterranean countries that have relatively high levels of alcohol consumption but low levels of alcohol abuse, drinking is well integrated into everyday life. There are few or no threatening pressures for total abstinence, and strong social sanctions against abuse. In other words, society has provided both a model and an expectation that alcohol will be used responsibly.

The proposed labels will do just the opposite . . . emphasizing the potential for abuse, and totally ignoring the fact that alcoholic beverages can be and most often are a legitimate part of a moderate and healthy life-style. We will not teach people to drink sensibly by reclassifying alcoholic beverages as inherently dangerous products that subject all consumers to considerable risk. Rather, we will make it more likely that a decision to drink will become a decision to abuse.

Put another way . . . Government cannot encourage sensible, responsible drinking and at the same time brand all drinking as abuse. But that is precisely what the proposed labels will do . . . bombarding consumers with simplistic and inaccurate messages that really boil down to one message and one message only:

"HAZARDOUS—DON'T DRINK"

Corporate Responsibility

We want to take this opportunity to communicate our sense of corporate responsibility on this issue to Congress.

We attach for the record copies of brochures and ads describing our many programs which we have unilaterally undertaken to reduce the abuse of our products. (Material available in Committee files.)

A special word should be offered regarding our Bud Light mascot, Spuds MacKenzie. Although some have been critical of this character, the truth is that Spuds' appearance in our "Know When To Say When" national advertising campaign has been an extremely effective effort to encourage moderate behavior in the consumption of alcoholic beverages.

These programs include the Know When To Say When campaign, a national grass roots and multi-media program designed to encourage responsible drinking, the I'm Driving program designed to be implemented by retailers utilizing nondrinking designated drivers, the Alert Cab program for tavern or restaurant owners to develop taxi ride programs to help customers who may need assistance, the Tips program to provide training for bartenders and waitresses to help them intervene and minimize the likelihood that patrons become intoxicated, and substantial corporate sponsorship of the Students Against Drunk Driving Program (SADD) providing national education for enlisting students to fight drunk driving.

We believe that the elements of our Operation Alert program, a series of programs designed to educate and inform, do teach what it means to "Know When To Say When".

We thank Congress for the opportunity to submit this statement for the record.

STATEMENT OF THE BEER INSTITUTE

PREFACE TO INDUSTRY DISCUSSION OF WARNING LABELS

There is good news regarding alcohol beverage abuse: Education programs are working. Drinkng-related traffic fatalities, other alcohol-related problems and underage consumption are all declining.

The statistics illustrate the success of cooperative efforts by government, nonprofit groups and social service agencies. We in the beer industry have worked hard

to help contribute to this success. We have actively discouraged excessive consumption through education programs sponsored by the industry and individual brewers.

We plan to continue these activities. We support such programs because they are effective . . . and because our business are ill-served by those who misuse our products. Rather, our businesses depend on the tens of million of Americans who drink responsibly and enjoy the benefits of doing so.

The new call for warning labels on alcohol beverages, on the other hand, will not curb abuse. The proposed warning labels are counterproductive and fail to provide new, complete and accurate information to consumers. Government agencies in the past have warned against the use of alcohol beverage warning labels, in part because overuse of such labels will lead the public to disregard all product warnings, even when they might be needed and useful.

It is ironic that the call for warning labels is coming at a time when we are seeing improvements on many fronts in the fight against abuse. Increasingly, public attitudes favor responsible consumption and discourage misuse of the product. Now is not the time for warning labels.

The following information explains why our industry believes warning labels are not good public policy and why they are contrary to the development of an effective strategy to reduce alcohol abuse in this country.

WARNING LABELS ON ALCOHOL BEVERAGE: A COUNTERPRODUCTIVE APPROACH TO PUBLIC EDUCATION

Proposals now before lawmakers to require warning labels on all alcohol beverages are unwise and unproductive approaches to public health policy.

Warning labels are an ineffective way to provide useful, accurate information on the subject of alcohol and health. Instead, they rely in simplistic messages intended to discourage the use of products that are consumed responsibly by tens of millions of Americans. This approach is unfair to the producers and distributors of alcohol beverages, and most importantly, to the American public.

Warning labels fail to distinguish between responsible consumption and abusive consumption, placing alcohol beverages in an inaccurate and unfair light.

Warning labels completely ignore the widely recognized health benefits associated with responsible alcohol consumption, thereby misleading consumers.

Current efforts to cope with alcohol abuse through legitimate awareness and education programs are working, with almost every major indicator of abuse trending downward.

Reliance on warning labels rather than on education discredits legitimate programs to inform the public on other health issues and trivializes other, more important warning messages. Moreover, the application of warning labels to alcohol would set a precedent that could readily be applied to milk, eggs, butter, red meats, candy, fast foods, soft drinks or any other products that can cause health problem if abused.

Members of the brewing industry support efforts to combat the problem of alcohol abuse. But abusers do not drink irresponsibly because they are ignorant of the risks associated with their actions. Rather, part of their abusive behavior is their acceptance of those risks. Curbing abuse can, and is, being accomplished through realistic and effective educational program—not through warning labels.

THE PROPOSED WARNING LABELS ARE ANTI-DRINKING . . . NOT ANTI-ABUSE

By ignoring the difference between responsible and abusive consumption, the specific warning labels included in the proposed legislation demonstrate a bias against all drinking—not just abuse.

For example, one of the warnings says: "Warning: Drinking this product, which contains alcohol, can impair your ability to drive a car or operate machinery." Such a warning, by suggesting that any level of alcohol consumption is dangerous, provides inaccurate and simplistic information which is contrary to the experience of consumers. By overstating the risk, such a label damages the credibility of product warnings.

In a similar vein, another of the proposed warnings states that "Warning: The consumption of this product, which contains alcohol, can increase the risk of developing hypertension, liver disease and cancer."

No causal link between alcohol and cancer has been proved. And no scientific evidence has established that responsible use of alcohol is related to hypertension and liver disease. The proposed warning overstates the case and does not distinguish between abuse of the product and responsible consumption of alcohol beverages.

WARNING LABELS DO NOT PROVIDE ACCURATE INFORMATION ON ALCOHOL AND HEALTH ISSUES

Warning labels cannot provide a large amount of information, nor are they capable of dealing with complex issues (Miller, 1978). Therefore, they are an inappropriate mechansim for educating the public on the issue of alcohol and health.

Unlike consumer goods that currently carry warning labels, alcohol does not represent an inherent health risk. Beer, wine and distilled spirits can be consumed responsibly on a daily basis throughout adult life without causing any health problems (Baum-Baicker, 1985; Turner, Bennett & Hernandez, 1981). By "warning" millions of consumers about an action that in reality represents no threat to their well-being, the proposed legislation implicitly and unfairly condemns all drinking . . . not just abusive drinking.

Even more importantly, warning labels provide an inaccurately narrow picture of alcohol because they ignore both the benefits associated with responsible consumption, and the differences that exist between beverages.

Dr. Morris Chafetz, founding director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), has noted that scores of scientific studies have demonstrated health benefits from responsible alcohol consumption. And yet, in the case of these labels, the benefits of responsible consumption are completely ignored in order to focus on the dangers of overconsumption. This is a major fault of the proposed legislation.

Among the research that has associated responsible alcohol consumption with health benefits are:

A 10-year study by the Kaiser-Permanente Health Plan that showed that responsible drinkers have a lower death rate than either heavy drinkers or abstainers. During the period studied, 6.3% of those who averaged one or two drinks a day died—compared to an 8.8% death rate for abstainers. "For most of the American adult population which already uses no more than two drinks per day, the current evidence is reassuring," according to Dr. Arthur L. Klatsky, who headed the Kaiser-Permanente research effort (Klatsky, et al, 1981).

More recently, a study that appeared in the American Journal of Epidemiology reported that the estimated relative risk of cardiac arrest is, on average, twice as great for abstainers as for responsible drinkers. "Our findings are consistent with previous studies that have examined the relationship between habitual moderate alcohol consumption and coronary heart disease, both in terms of the direction and magnitude of the effect observed" (Siscovick, et al, 1986).

Similarly, for more than 30 years scientists at Boston University Medical School have studied the health habits and diseases of more than 5,200 men and women who live in the small New England town of Framingham, Massachusetts. One of their major conclusions is that responsible drinkers have lower risk of developing coronary heart disease (Friedman & Kimball, 1986).

None of these studies has been offered or should be taken as evidence that alcohol can ensure a long and healthy life. But they do demonstrate that the health problems associated with abuse are no threat to the average drinker, who in fact can receive health benefits from responsible consumption.

WARNING LABELS ON ALCOHOL BEVERAGES SET A BAD PRECEDENT

The rationale for imposing warning labels on alcohol beverages can be just as readily applied to any consumer good that is subject to abuse. Butter, milk, eggs, red meat and a wide variety of products that are wholesome if consumed appropriately can cause problems if overconsumed. In that respect, they are no different from alcohol beverages.

Should the precedent of warning labels on alcohol beverages be extended to other products, it would mark a major expansion of government intervention in the lives of American consumers. Moreover, as reported to the Congress in 1980 by the Departments of Treasury and Health and Human Services, an over-reliance on warning labels could ultimately prove to be counter-productive.

"Several communications experts cautioned that the public generally is feeling 'over warned' by the government. Dr. Amitai Etzioni, for example, wrote 'that growing segments of the public ignore more and more of such (government) warnings because they feel they cannot heed the recent avalanche of warnings.' People seem to particularly resent being 'warned' about negative consequences likely to result from use of products which they enjoy consuming, which may appear to relieve stress, and about which they feel personally knowledgeable and comfortable." (Report to the President and Congress, 1980).

THE GOVERNMENT SHOULD SUPPORT LEGITIMATE EDUCATIONAL PROGRAMS, NOT WARNING LABELS

It is ironic that warning labels on alcohol beverages have been proposed at a time when the major indicators of alcohol abuse are trending downward. For the past several years, government, a wide variety of civil groups, and the alcohol beverage industry have conducted extensive educational and awareness campaigns among the general public. These legitimate efforts are paying off:

- Alcohol abuse among high school students is at its lowest level in nine year (Johnston, et.al, 1985; 1987).
- Alcohol abuse on college and university campuses today is on the decline (Anderson & Gadaleto, 1985; Gonzalez, 1985).
- Alcohol-related traffic fatalities decreased 25% between 1980 and 1985 (NHTSA, 1986).
- The incidence of cirrhosis of the liver, considered an indicator of alcoholism in society, was at a level of 10.7 per 100,000 population in 1984. This compares to a cirrhosis rate of 13.8 per 100,000 population in 1978, and is well below the objective set by NIAAA for 1990 (NIAAA, 1985).

Based on all of these factors, assertions that current, legitimate educational efforts are failing—and that, therefore, warning labels are needed—should be dismissed.

LAWMAKERS SHOULD REJECT WARNING LABELS ON ALCOHOL BEVERAGES

No true benefits can be expected from the imposition of warning labels on alcohol beverages. Such a policy would stigmatize an entire category of legitimate consumer products, confuse and misinform the public, and discredit other government efforts to provide legitimate health information.

As Dr. Harold Mendelsohn, a professor of communications at the University of Denver, pointed out in testimony regarding similar legislation at the state level: "Logic alone tells us that if chronic alcohol abusers were being attentive to all the alcohol-can-be-hazardous propaganda they normally encounter, they would not become chronic alcohol abusers to begin with." (Mendelsohn, 1982)

The proposed warnings should be rejected by legislators.

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GEORGETOWN UNIVERSITY HOSPITAL

Child Development Center

August 5, 1988

The Honorable Albert Gore
Chairman, Subcommittee on Consumer Affairs
Committee on Commerce
U.S. Senate
227 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Gore:

On behalf of the faculty and staff of the Division of Genetics and the Child Development Center in the Department of Pediatrics at Georgetown University we would like to extend strong support for the passage of S.2047 which requires warning labels on all alcoholic beverage containers, and request that you include this letter in the August 10, 1988 hearing record.

Fetal Alcohol Syndrome (FAS) is the leading cause of preventable mental retardation in this country, with an incidence exceeding 1/1000 live births. In addition to causing mental retardation, consumption of alcohol during pregnancy causes increased pregnancy loss, lowered birth weight, higher incidence of birth defects, and is a major contributor to the astonishingly high infant mortality rate in the United States.

As pediatricians and other professionals dedicated to the care of the developmentally disabled, we are deeply committed to educating the public about the effects of environmental agents on pregnancy, including increasing public awareness of FAS. Since public education is the foundation upon which prevention rests, a warning label on each and every alcohol container is an important and overdue step to helping every woman have a healthy child.

The Division of Genetics and the Child Development in the Department of Pediatrics at Georgetown University wholeheartedly endorses the passage of S.2047.

Sincerely,

Nina Scribanu, M.D.
Director, Center of Genetic
Counseling and Birth Defects Evaluation

Phyllis R. Magrab, Ph.D.
Director, Child Development Center
Chief Pediatric Psychologist

3800 Reservoir Road NW Washington DC 20007-2197
202-687-8635

COMMITTEE FOR CHILDREN
5415 Connecticut Avenue, NW
Suite 133
Washington, DC 20015

August 10th, 1988

The Honorable Albert Gore
Chairman
Subcommittee on Consumer Affairs
Senate Commerce Committee
227 Hart Senate Office Building
Washington, D.C., 20510

Dear Senator Gore:

I am writing to express the Committee for Children's support for S. 2047, the proposed federal legislation that would require health and safety warning labels on all alcoholic beverage containers.

Alcohol is America's most abused drug and the number one drug problem among American youth. By the age of 13 approximately 30 percent of boys nad 22 percent of girls classify themselves as "drinkers". More than 4.5 million youths experience serious problems with alcohol before leaving high school. Alcohol related traffic deaths are the number one killer of 16-24 year olds, according to the National Traffic Safety Administration. According to a 1987 Weekly Reader Survey only 42 percent of fourth graders know that alcohol is a drug, compared to 81 percent who consider marijuana a drug. The percentage of students that consider alcohol a drug actually drops with age to 28 percent in the upper grades.

Meanwhile, the alcoholic beverage industry spends over $2 billion each year promoting its products. American children see an estimated 100,000 beer ads on television before they are old enough to legally drink and drive.

All Americans, including children, need to hear the other side of the story. They have a right to know about the health and safety risks associated with alcohol use, such as drinking and driving, and that alcohol is a drug and potentially addictive. S. 2047 would ensure that such vital information were constantly available to the public. Warning labels alone will not solve all of our alcohol problems, but they are, we believe, an important place to start.

We ask that our statement be made a part of the August 10th Hearing Record.

Thank you for your attention and for holding this important hearing.

Sincerely,

J. Scott Douglas

J. Scott Douglas
Director
THE COMMITTEE FOR CHILDREN

XC: The Honorable Strom Thurmond
The Honorable John Conyers, Jr.

CSPI CENTER FOR SCIENCE IN THE PUBLIC INTEREST
Publisher of *Nutrition Action Healthletter*

August 12, 1988

Senator Albert Gore
Chairman
Senate Consumer Affairs Subcommittee
227 Hart Senate Office Building
Washington, DC 20510

Attention: Kevin Curtin

Dear Senator Gore:

I would like to submit the enclosed materials for the hearing record in support of S.2047, the bill to require health and safety warning labels on all alcoholic beverage containers. These references provide an overview of the research on each of the health risks addressed by the proposed labels.

Also enclosed is information about efforts to enact warning poster legislation to inform consumers about the risks of drinking during pregnancy. Several states and cities now require the posting of these signs wherever alcoholic beverages are sold or served. In California, warning posters will be required as of October 1, 1988 under that state's Proposition 65. Enclosed is a petition filed by the Healthy Mothers Healthy Babies Coalition requesting that warning labels be required, rather than warning signs.

Thank you for your consideration of our views. We believe consumers need and want information about alcohol and hope that there will be Congressional action on this simple, straightforward public health measure.

Sincerely,

Patricia Taylor
Director
Alcohol Policies Project

Encl

1501 Sixteenth Street, N.W. · Washington, DC 20036 · (202) 332-9110

ENCLOSURES AVAILABLE IN COMMITTEE FILES

General

The Healthy Babies Petition
Results of an Informal Survey of National FAS Warning Sign Legislation, August-October 1986 (Center for Science in the Public Interest (CSPI))
FAS Warning Sign Laws, January 1, 1988 (CSPI)
"Alcohol Warning Signs Sprout Around the Nation"; Baltimore Sun, June 22, 1988
"Needed: more health warnings"; The Church of Jesus Christ of Latter Day Saints, Public Communications Department
"Label this Drug"; Miami Herald, April 12, 1988
"Warning: Drinking is Risky"; Journal-American, April 8, 1988
"Labels on Liquor"; Sunday Rutland Herald, August 7, 1988
"Time to Switch, Not Fight"; Jim Gordon, The Wine Spectator, October 31, 1987
"It's Time to Put Warnings on Alcohol"; Pat Taylor, New York Times, March 20, 1988
"Alcohol Warning Labels -- For the Kid's Sake"; Richard M. Narkewicz, Chicago Tribune, April 26, 1988
White House Conference for a Drug Free America, Final Report, June 1988

Hypertension

"The Cardiovascular Effects of Alcohol"; Arthur L. Klatsky, Alcohol & Alcoholism, Supplement 1, 1987
"Blood Pressure and Alcohol Consumption"; Arthur L. Klatsky, Handbook of Hypertension, Vol. 6, 1985
"Reviews and Comments on Alcohol Research"; Carlton K. Erickson, Alcohol, 1987
'Alcohol and Hypertension: Implications for Prevention and Treatment"; Annals of Internal Medicine, July 1986
"Alcohol and Blood Pressure -- An Association in Man"; Vandongen and Beilin, Medical Research Advisory Committee Report to the Australian Associated Brewers 1983-1985
"Alcohol Consumption, Blood Pressure, Lipids, and Cardiovascular Mortality"; Michael H. Criqui, Alcoholism: Clinical and Experimental Research, November/December 1986
"Alcohol Usage and Blood Pressure: A Review"; Gleiberman and Harburg, Human Biology, February 1986
"Alcohol Consumption and Hypertension: A Review with Suggested Implications"; Igor L. Livingston, Journal of the National Medical Association, No. 2, 1985
"Alcohol, Nutrient Intake, and Hypertension in US Adults"; Gruchow, Sobocinski, Barboriak, Journal of the American Medical Association, March 15, 1985

Liver Disease

"Alcoholic Liver Disease"; Hawley and Morgan, Current Opinion in Gastroenterology, 1986
"Alcohol Consumption and the Risk of Alcohol Related Cirrhosis in Women"; Norton, Batey, Dwyer, MacMahon, British Medical Journal, July 11, 1987

Cancer

"Alcohol and Cancer"; Lieber, Garro, Leo, Mak and Worner, Hepatology 1986
"Heavy Alcohol Consumption and Physical Health Problems"; Popham, Schmidt, Israelstam, Alcohol and Health Problems
"Effect of Ethanol on Nitrosamine Metabolism and Distribution. Implications for the Role of Nitrosamines in Human Cancer and for the Influence of Alcohol Consumption on Cancer Incidence"; P.F. Swann, IARC Scientific Publications, 1984
"The Heart of the Social Drinker"; Oswald B. Tofler, Cohort Studies
"Alcohol and Immune Defense"; Rob Roy MacGregor, Journal of the American Medical ASsociation, September 19, 1986
"Alcohol and Human Cancer (Review); Driver, Swann, Anticancer Research 7, 1987

Hazards in Combination with Some Drugs

"Mechanisms of Drug Interactions with Alcohol"; Joel M. Mayer, Dual Addiction, 1984
"Facts and Findings About Drinking and Driving"; Alcohol Health and Research World, U.S. Department of Health and Human Services, Fall 1982
"Complications of Alcohol Use Combined with Drug Therapy in the Elderly"; Philip P. Gerbino, Journal of the American Geriatrics Society, November 1982
"Drug-Alcohol Interactions and the Effects of Tissue Damage on Response to Therapy"; Saunders, Williams, Pharmacological Treatments for Alcoholism
Family Medicine Curriculum Guide to Substance Abuse; The Society of Teachers of Family Medicine
"Drugged Driving"; New York Times, December 12, 1984
"Vulnerability to the Biomedical Consequences of Alcoholism and Alcohol-Related Problems Among Women"; Shirley Y. Hill, Biological and Psychosexual Aspects
"Epilogue: 'Drug Odyssey 2001'"
Drug Interactions With Alcohol (chart)
"Drugs, Alcohol, and Apprehension of Motorists by the Police"; Homel, Perl, Starmer
"Neuropsychopharmacology of Alcohol and Drug Abuse"; Monique C. Braude, Psychopharmacology Bulletin, Vol. 22, No. 3, 1986
"Drug-Alcohol Interactions"; Timothy G. Saxe, AFP, April 1986
"Interaction of Ethanol with Other Drugs"; Deitrich, Petersen

Alcohol and Pregnancy

"Alcohol and Birth Defects: The Fetal Alcohol Syndrome and Related

Disorders"; Peter L. Petrakis, U.S. Department of Health and Human Services, 1987

Alcohol and Impairment of Ability to Drive Automobiles or Operate Machinery

"Alcohol Involvement in Fatal Traffic Crashes, 1986"; National Highway Traffic Safety Administration, January 1988

Alcohol Can Be Addictive

"Alcoholism, A Reflection of Adaptive Failure"; Robert T. Bagley, Journal of Orthomolecular Medicine, Vol. 2, No. 2, 1987
"Alcoholism as an Addiction: The Disease Concept Reconsidered"; Donald B. Douglas, Journal of Substance Abuse Treatment, Vol. 3, 1986
"Alcoholism: Epidemiology, Diagnosis, and Biological Aspects"; Edgar P. Nace, Alcohol, Vol. 3, 1986
"The Elderly Alcoholic: Some Current Dimensions"; Douglas H. Ruben, Advances in Alcohol & Substance Abuse, Summer 1986
"Liberating the Alcoholic"; James R. Milam, Alcoholism & Adiction, May-June 1986
"Cocaine-Alcohol Abuse: Epidemiological, Diagnostic and Treatment Considerations"; David E. Smith, Journal of Psychoactive Drugs, April-June 1986
"Understanding and Preventing Relapse"; Brownell, Marlatt, Lichtenstein, Wilson; American Psychologist, July 1986